

FORM NDT
[Rule 18(1)(2)]
PERMIT FOR THE TRANSPORT OF MANUFACTURED DRUG
(First Copy)
To be given to the Licensed Dealer / Chemist

Date of issue of permit	Name of the licensee or the permit holder	Address	Place from where the manufactured drug is to be transported	Quantity with details of manufacturers drug
1	2	3	4	5
			M/s Cipla Ltd. A-33 & A37/2/2 MIDC, Patalganga, Dist. Raigarh, Maharashtra Pin: 410220	Morphine 10 mg Tablet – Morphine SR 30 mg Tablet –
Locality and district of Destination of the consignment Of manufactured drug	Signatures of the supplier of drug	Verification by authority	Remarks	
6	7	8	9	

Medical College & Hospital
Sign. And Seal

FORM NDT
[Rule 18(1)(2)]
PERMIT FOR THE TRANSPORT OF MANUFACTURED DRUG
(Second copy)

To be forwarded to the Collector of the District from which transport is to be made:

Date of issue of permit	Name of the licensee or the permit holder	Address	Place from where the manufactured drug is to be transported	Quantity with details of manufacturers drug
1	2	3	4	5
			M/s Cipla Ltd. A-33 & A37/2/2 MIDC, Patalganga, Dist. Raigarh, Maharashtra Pin: 410220	Morphine 10 mg Tablet – Morphine SR 30 mg Tablet –
Locality and district of Destination of the consignment Of manufactured drug	Signatures of the supplier of drug	Verification by authority	Remarks	
6	7	8	9	

Authorised Signatory
Medical College & Hospital
Sign. And Seal

FORM NDT
[Rule 18(1)(2)]
PERMIT FOR THE TRANSPORT OF MANUFACTURED DRUG
(Third copy)

To be given to the Dealer from whom purchases are to be made

Date of issue of permit	Name of the licensee or the permit holder	Address	Place from where the manufactured drug is to be transported	Quantity with details of manufacturers drug
1	2	3	4	5

M/s Cipla Ltd.
A-33 & A37/2/2 MIDC, Patalganga,
Dist. Raigarh, Maharashtra
Pin: 410220

Morphine 10 mg Tablet –

Morphine SR 30 mg Tablet –

Locality and district of Destination of the consignment Of manufactured drug	Signatures of the supplier of drug	Verification by authority	Remarks
6	7	8	9

Authorised Signatory
Medical College & Hospital
Sign. And Seal

FORM NDT
[Rule 18(1)(2)]
PERMIT FOR THE TRANSPORT OF MANUFACTURED DRUG
(Fourth copy)
To be retained for Office Record

Date of issue of permit	Name of the licensee or the permit holder	Address	Place from where the manufactured drug is to be transported	Quantity with details of manufacturers drug
1	2	3	4	5

M/s Cipla Ltd.
A-33 & A37/2/2 MIDC, Patalganga,
Dist. Raigarh, Maharashtra
Pin: 410220

Morphine 10 mg Tablet –

Morphine SR 30 mg Tablet –

Locality and District of Destination of the Consignment Of Manufactured Drug	Signatures of the Supplier of Drug	Verification by Authority	Remarks
6	7	8	9

Authorised Signatory
Medical College & Hospital
Sign. And Seal