

Dated:

To,

**The Excise Commissioner
State Excise Department
Government of U.P.**

**Through: District Excise Officer
State Excise Department
City _____**

**Subject: Transport License for Oral Morphine for pain relief of Cancer Patients
Rule 18(1)(2), Uttar Pradesh Narcotics Drug Rules 1986**

Dear Sir,

Cancer, the most dreaded disease and second leading cause of death Worldwide needs addressing on Pain Management in patients of Cancer where 80% are diagnosed in terminal stages in India. WHO advocates Oral Morphine as the drug of choice for Cancer Pain Management, however lack of its availability is the biggest problem in our State.

I am pleased to inform you that the Department of Anesthesia of our Medical College is starting the treatment of Pain of the Cancer Patients for which Oral Morphine is required.

We would request you to kindly provide the license for the procurement of Oral Morphine which is the drug of choice according to the World Health Organisation for Treating the pain of the Cancer Patients.

We require Morphine 10 mg Tablets _____ and Morphine SR 30 mg Tablets _____.
The Medicine shall be purchased from M/s Cipla Ltd., A-33 & A37/2/2 MIDC, Patalganga, Dist. Raigarh, Maharashtra, Pin: 410220.

The required duly filled NDT Form (4 Copies) is enclosed for your kind perusal and early action.
Thanking you.

Truly yours,

HOD Anesthesiology

Enclosure: Request Letter to DM for issue of Possession License under Rule 8(1).

Dated:

To,
The District Magistrate

Through: District Excise Officer,
State Excise Department
City _____

Subject: Possession License for Oral Morphine for pain relief of Cancer Patients
Rule 8(1), Uttar Pradesh Narcotics Drug Rules 1986

Dear Sir,
Cancer, the most dreaded disease and second leading cause of death Worldwide needs addressing on Pain Management in patients of Cancer where 80% are diagnosed in terminal stages in India. WHO advocates Oral Morphine as the drug of choice for Cancer Pain Management, however lack of its availability is the biggest problem in our State.

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The required duly filled NDT Form (4 Copies) is enclosed for your kind perusal and early action.

Further we request you for the possession license, to kindly permit us to store the above Medicines at the Hospital under Rule 8(1).

The records of dispensing the Medicines shall be maintained by us as per the provisions of the Rule 9.

Thanking you.

Truly yours,

HOD Anesthesiology