



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག་ འབྲུག་བཟའ་ཆས་དང་སློན་རིགས་དབང་འཛིན།

ROYAL GOVERNMENT OF BHUTAN
MINISTRY OF HEALTH
BHUTAN FOOD AND DRUG AUTHORITY

Controlled Substances and Medical Device Division



Form No.: P (G)-SRI/SRH

Regulation No.: 1.11, 4.15/6.1/7.1 (Part III)

HALF YEARLY REPORT ON SCHEDULE V SUBSTANCES

1. Reporting Entity

a) Name of the entity:

b) Address:

c) Registration No:

d) Reporting Period:

2. Details of license/authorizations received during the year/six months (Fill in the following details)

License/Authorization No. and Date	Description of Substance(s)	Quantity

3. Details of transactions during the year/six months. (Fill in the following details)

Description of Substance(s)	Opening balance at the beginning of the year/six months	Quantity received during the year/six months	Quantity used/consumed/sold etc. during the year/six months	Quantity lost/destroyed id any during the year/six months	Closing balance at the end of the year/six months

Certified that the statements made in the report are true and correct

Signature & Seal:

Name:

Official Seal:

Designation:

Address:

Note:

1. Please make entries for each substance separately
2. The annual report should be submitted by 15th of January each year for the preceding calendar year
3. The half-yearly report should be submitted by 15th of July and 15th of January for each six months period.

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