Date: / /2012

Name of Shop :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Proprietor :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partners & Mob. No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Qualified

Person with Mob. No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug License Nos. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Validity :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.**  **No** | **Name of Drug** | **Batch no**. | **Qty.**  **Purchase**  **(Apr/May/**  **June 2012)** | **Quantity**  **Sold** | **Balance**  **Quantity** |
| 1 | **Mifepristone**  MT-pill, Mistone,  Nifonext, Mefipill,  Coloestone, Cedate |  |  |  |  |
| 2 | **Misoprostal(100/200mg)**  Misoprost, Miso, Mesopill, Cytolog, Colestol |  |  |  |  |
| 3 | **Ethacridine lactate Inj.**  Abortil, Emcredil,vecredil |  |  |  |  |
| 4 | **Carboprost tromethamine**  Prostodin, Prostospan,  Carboprost, Deviprost |  |  |  |  |

**Note: Please attach separate page if required**

**Stamp & Sign. of Proprietor/partner**