



### Precursor Purchase License

Serial No. PPL /

Name of End User : \_\_\_\_\_  
(Agent/Institute/Factory/Hospital/...etc.)

Name of Chemical Substance (Precursor) : \_\_\_\_\_

Quantity Requested to Purchase : \_\_\_\_\_

Stock on Hand : \_\_\_\_\_

Original Stock : \_\_\_\_\_

Quantity Consumed : \_\_\_\_\_

N.B.:- Stock Movement Record should be enclosed indicating quantity consumed.

Requested By:

Date :

### For Use By Ministry of Health

Name of the Supplier : \_\_\_\_\_

Name of Chemical Substance & Quantity Approved : \_\_\_\_\_

Valid to: \_\_\_\_\_

Approved By