

**FORM I.D. 20**

Card attached to packages of drugs on deposit

Consecutive number of package \_\_\_\_\_  
Description of drugs \_\_\_\_\_

Permit No. \_\_\_\_\_ dated \_\_\_\_\_

Received under Pass No. \_\_\_\_\_ dated \_\_\_\_\_

from \_\_\_\_\_

Deposited on \_\_\_\_\_ (date)

Gross weight of package on deposit \_\_\_\_\_

\_\_\_\_\_ Excise Inspector (Inchagre)