

FORM I.D. 23

Name of Supply Contractor _____

Monthly statement of excess storage wastages in drugs in the warehouse at _____

Kind of drugs **Bhang**

Number of package	Date of deposit	Date of withdrawal	Gross weight on deposit		Gross weight on withdrawal		Total storage wastage		Quantity allowable		Quantity chargeable		Rate of duty per Kg.	Amount of duty chargeable		Remakes
			Kgs	Gram	Kgs	Gram	Kgs	Gram	Kgs	Gram	Kgs	Gram		Kgs	Gram	
1	2	3	4	5	6	7	8	9	10	11						

(REVERSE)

Excise Inspector's explanation about the wastage	Contractor's explanation	Assistant Excise Commissioner's criticisms of the explanations noted in columns 1 and 2 and his final recommendation	Orders of the Excise Commissioner
1	2	3	4

NOTE :- Kg = Kilogram
Gr. Gram