

**FORM 'F'**

**(SEIZURE REPORT OF NARCOTIC DRUGS, PSYCHOTROPIC SUBSTANCES,  
CONTROLLED SUBSTANCES)**

(To be forwarded within 48 hours of the seizure)

1. NAME OF SEIZING AGENCY:
2. DATE OF SEIZURE:
3. PLACE OF SEIZURE

4. QUANTITY SEIZED	KG.	GRAMS	MILLIGRAMS
OPIUM	-----	-----	-----
MORPHINE	-----	-----	-----
HEROIN	-----	-----	-----
GANJA	-----	-----	-----
CHARAS/HASHISH	-----	-----	-----
COCAINE	-----	-----	-----
METHAQUALONE	-----	-----	-----
CONTROLLED SUBSTANCES (***)	-----	-----	-----
ANY OTHER DRUG/ CHEMICAL	-----	-----	-----

(\*\*\*)

ACETIC ANHYDRIDE/N-ACETYL ANTHRIANILIC ACID/  
EPHEDRINE/PSEUDO EPHEDRINE & ANTHRANILIC ACID

5. PACKING/MARKING, IF ANY:

2. SECTION OF THE NDPS AND OTHER ACTS, UNDER WHICH OFFENCE IS COMMITTED:
  
3. ADDRESS OF THE PREMISES WHERE SEIZURE EFFECTED
  
4. IF SEIZED AT AIRPORT/RAILWAY STATION/BUS STAND ETC.
  - (i) flight/train/bus route
  - (ii) Arrival/departure
  - (iii) Origin/destination
  
5. MODE OF TRANSPORT (TICK WHICH EVER IS APPLICABLE)  
CAR/TRUCK/BUS/TWO WHEELER/THREE WHEELER/HEAD LOAD ETC.
  - (i) REGISTRATION NO. OF THE VEHICLE
  - (ii) MAKE \_\_\_\_\_ MODEL \_\_\_\_\_
  - (iii) NAME & ADDRESS OF THE OWNER \_\_\_\_\_
  
6. SUSPECTED SOURCE OF THE SEIZED DRUG/CONTROLLED SUBSTANCES
  
7. SUSPECTED DESTINATION OF THE SEIZED DRUG/CONTROLLED SUBSTANCES (COUNTRY/PLACE NAME)
  
8. PARTICULARS OF THE OFFENDER/PERSON ARRESTED ALONGWITH PHOTOGRAPH (FILL UP SEPARATE SHEET IF PERSONS ARRESTED ARE MORE THAN ONE):
  - (i) NAME :
  - (ii) ALIASES (IF ANY)
  - (iii) FATHER'S NAME
  - (iv) AGE / DATE OF BIRTH
  - (v) NATIONALITY AND SEX
  - (vi) PASSPORT/IDENTITY CARD/PAN NO. ETC.
  - (vii) DATE & PLACE OF ISSUE
  - (viii) ADDRESS(INDICATE THE POLICE STATION AND POST OFFICE WITHIN WHICH THE PERSON HAS RESIDENCE):

**9. PARTICULARS OF ACCOMPLICES NAMED BY THE OFFENDER/  
ARRESTED PERSONS (FILL UP SEPARATE SHEET FOR EACH  
ACCOMPLICE)**

- (i) NAME:
- (ii) ALIASES (IF ANY)
- (iii) FATHER'S NAME
- (iv) AGE / DATE OF BIRTH
- (v) NATIONALITY AND SEX
- (vi) PASSPORT/IDENTITY CARD/PAN NO. ETC.
- (vii) DATE & PLACE OF ISSUE
- (viii) ADDRESS

**10. NAME, DESIGNATION AND PART PLAYED BY THE OFFICERS IN THE  
SEIZURE CASE:**

**11. BRIEF FACTS OF THE CASE (NARRATE THE EVENTS STARTING FROM  
RECEIPT ON INTELLIGENCE (IF ANY) AND ANY FACTS OF INTEREST  
FROM VERIFICATION ANGLE):**

CR/FIR \_\_\_\_\_ STATION \_\_\_\_\_ DATED \_\_\_\_\_

**SIGNATURE AND DESIGNATION**

**THIS REPORT SHOULD BE FORWARDED TO THE DIRECTOR GENERAL,  
NARCOTICS CONTROL BUREAU, WEST BLOCK-I, WING NO.V, R.K.PURAM,  
NEW DELHI-110 06 WITHIN 48 HOURS OF THE SEIZURE.**