

**JIPMER Hospital , Puducherry**  
**Utilisation Certificate For Narcotic Drugs / Controlled Drugs**

This is to certify that Tab/Inj \_\_\_\_\_ is utilised for  
the following patients in the Ward \_\_\_\_\_  
Period of Utilisation: \_\_\_\_\_ to \_\_\_\_\_

(Mention the dates)

S.No	Date	Patient's Name	M/F	Hospital No.	Bed No	Quantity used
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
Total quantity used (C)						
Stock on hand before Previous Indent (A)						
Quantity received in Previous Indent (B)						on _____ (Mention Date)
Total quantity used during the above mentioned period (C)						
Stock on hand as on _____ (A+B-C) (Mention Date)						

Signature of Senior Nursing Officer  
Name with Registration Number & Seal

Signature of the Consultant  
Name with Registration Number & Seal