

[FORM 1
(See rule 3)

(Indent for rectified spirit/absolute alcohol)

Bonded Laboratory of—
Shri/Sarvashri

(PART I)

(To be sent to the Distillery or Warehouse licensee).

Indent No.

To
The Distillery/Warehouse,
Officer.....

Sir,

Please issue

litres rectified spirit/absolute alcohol for use in the
manufacture of medicinal and toilet preparations/for
industrial purposes in my/our Bonded Laboratory at

[FORM 1
(See rule 3)

(Indent for rectified spirit/absolute alcohol)

Bonded Laboratory of—
Shri/Sarvashri

(PART II)

(To be sent to the Distillery or Warehouse Officer
(through the Officer-in-Charge)).

To

The Distillery/Warehouse,
Officer.....

Sir,

Please issue

litres rectified spirit/absolute alcohol for use in the
manufacture of medicinal and toilet preparations/for
industrial purposes in my/our Bonded Laboratory at

[FORM 1
(See rule 3)

(Indent for rectified spirit/absolute alcohol)

Bonded Laboratory of—
Shri/Sarvashri

(PART III)

(To be retained by the indentor on his record)

To

The Distillery/Warehouse,
Officer.....

Sir,

Please issue

litres rectified spirit/absolute alcohol for use in the
manufacture of medicinal and toilet preparations/for
industrial purposes in my/our Bonded Laboratory at

1. Sub.by G. N. of 25-2-1964.

I/we _____
shall pay duty at the rate levied by the State Government on
rectified spirit/absolute alcohol, on all wastages in excess
of the prescribed allowance.

Place _____

Date _____

Signature of the licensee.

Licence No.

Countersigned.

Officer-in-charge, Bonded Laboratory.

Date _____

No. _____
Seal of the Officer
countersigning
the indent.

(Delete the words not applicable).

I/we _____
shall pay duty at the rate levied by the Stat Government
on rectified spirit/absolute alcohol, on all wastages in
excess of the prescribed allowance.

Place _____

Date _____

Signature of the licensee.

Licence No.

Countersigned.

Officer-in-charge, Bonded Laboratory.

Date _____

No. _____
Seal of the Officer
countersigning
the indent.

(Delete the words not applicable).

I/we _____
shall pay duty at the rate levied by the State Government
on rectified spirit/absolute alcohol, on all wastages in
excess of the prescribed allowance.

Place _____

Date _____

Signature of the licensee.

Licence No.

Countersigned.

Officer-in-charge, Bonded Laboratory.

Date _____

No. _____
Seal of the Officer
countersigning
the indent.

(Delete the words not applicable).