

**FORM-D.S. XXXII**

(See condition 10 of Form D. S. IV)

D. S. IV—Licence No. ....

Name and Address of the Licensee.....

Period of the Licence .....

*Register of accounts of Denatured Spirit used for bonafide Medical, Scientific and Educational purposes during the month of..... 19 .*

Date	Opening balance	Quantity of Denatured Spirit purchased	Source of Supply	Total of Columns (2) and (3)	Quantity used
(1)	(2)	(3)	(4)	(5)	(6)

Purpose for which used	Closing balance [column (5) minus column (6)]	Remarks, if any, and initials of the licensee
(7)	(8)	(9)

Litres/Bottles