Form R-9

(See rule 14 of Ammonium Nitrate Rules, 2012)

Monthly Returns of Ammonium Nitrate

Statement of Ammomonth ofin Fo	in respect of District	store hous	e of St	ateL	situated at		
 Opening balance on the 1st day of the month: Account of Ammonium Nitrate: 							
Particulars of Ammonium Nitrate received							
Date Quantity (in k		l: s A	Name, address and licence number of suppliers from whom Ammonium Nitrate was received		Pass No.		
1	2	3		4			
1.							
2.							
3. Total quantity of Ammonium Nitrate used or sold during the month							
	Quantity Sold (in gs)	license nun whom Amı	Name, address and license number to whom Ammonium Vitrate was sold		Quantity used (in Kgs)	n	
1 2		3		4	5		
1.							
2.							
Particulars of Ammonium Nitrate destroyed during the month							
Date					sons for destruction		
1	2			3			
1.	l			l .			
2.							
1							

5. Particulars of Ammonium Nitrate stolen or short received.

Date	Quantity (in kgs)	, , ,	Whether theft or loss reported to police and District Authority if so, give reference	Remarks
1	2	3	4	5
1.				
2.				
3.				
4.				

	Signature of Licence Holder or Person in Charge
Place	
Date	