FORM R-9

(See rule 14 of Ammonium Nitrate Rules, 2012) Monthly Returns of Ammonium Nitrate

S	tatement of Ammonium Nitr	ate received, used, sold, de	estroyed
and stolen during the Month of in respect of store h			
of	situated at _		
	district	State	
Lic	cense number	Form	of
Ammon	ium Nitrate Rules, 2012.		
1.	Opening balance on the 1st	day of the month:	
2.	Account of Ammonium Nitra	ate:	
Pa	articulars of Ammonium Nitrate	received	

Date	Quantity (in kgs)	Name, address and license number of suppliers from whom Ammonium	Pass No.
		Nitrate was received	
1	2	3	4
1			
2			

3. Total quantity of Ammonium Nitrate used or sold during the month

Date	Quantity	Name, address and	Pass No.	Quantity used
	Sold	license number to whom		(in kgs.
	(in kgs)	Ammonium Nitrate was		_
	_	sold		
1	2	3	4	5

4. Particulars of Ammonium Nitrate destroyed during the month

Date	Quantity (in kgs)	Reasons for destruction
	2	3

5. Particulars of Ammonium Nitrate stolen or short received.

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

	Signature of Licence Holder or person Incharge.
Place	
Date	