Your pharmacy's name

Address · Phone · Drug licence no.

SCHEDULE H1 REGISTER

Month and year _____ Page no. _____

Sl. No.	Date of supply	Bill No.	Name of the drug and strength *	Batch No.	Quantity supplied *	Name of the patient *	Address of the patient	Name and address of the prescriber *	Pharmacist's signature

* Details named in rule 65(3)(h) of the Drugs Rules, 1945. Write each sale at the time of supply. Keep this register for three years, open for inspection.

SAMPLE: MADE-UP SALES

City Pharmacy

Main Road · Phone 00000 00000 · Drug licence no. 00000

SCHEDULE H1 REGISTER

Month and year **November 2026** Page no. **7**

Sl. No.	Date of supply	Bill No.	Name of the drug and strength *	Batch No.	Quantity supplied *	Name of the patient *	Address of the patient	Name and address of the prescriber *	Pharmacist's signature
1	17-11-2026	CP/1124	Cefixime 200 mg tablets	CF6021	10 tablets	Ravi Kumar	12 Gandhi Nagar	Dr. S. Rao, Rao Clinic, Main Road	K. Srinivas
2	17-11-2026	CP/1131	Levofloxacin 500 mg tablets	LV3307	5 tablets	Lakshmi Devi	4 Temple Street	Dr. P. Reddy, City Hospital, Main Road	K. Srinivas
3	18-11-2026	CP/1158	Alprazolam 0.25 mg tablets	AL0914	10 tablets	Anil Varma	9 Station Road	Dr. S. Rao, Rao Clinic, Main Road	K. Srinivas

* Details named in rule 65(3)(h) of the Drugs Rules, 1945. Write each sale at the time of supply. Keep this register for three years, open for inspection.

SAMPLE