

[FORM III]
(See rule 9)

Application for the grant of licence of manufacture Insecticides.

1. Name, address and status of the applicant:
2. Address of the premises where the manufacturing activity will be done:
3. Name of the insecticides with their registration number and date for which manufacturing licence is applied-(enclose copies of certificate of registrations duly signed by the applicant.)

Name of the insecticides	Registration No.	Date
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4. Whether any registration is provisional.
If so give particulars:
5. Detail of full time expert staff connected with manufacture and testing of the Insecticides in the above unit:

Name	Qualification	Experience
	1.	
	2.	
	3.	
6. Whether all the facilities required under Chapter VII of the Rules have been provided.
Give full details in a separate sheet.
7. Particulars of the fee deposited:

Signature of the applicant

VERIFICATION

I _____ S/o _____ do hereby solemnly verify that to the best of my knowledge and belief the information give in the application and the annexures and statements accompanying it, is correct and complete.

I further declare that I am making this application in my capacity as _____ and that I am competent to make this application and verify it by virtue of _____ a photo/attested copy of which is enclosed herewith.

Date:
Place:

[Signature with seal]