

[FORM III]

(See rule 9)

**Application for the grant of license 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 license 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. Details 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 annexure 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]