PROFORMA

CHECK LIST FOR VERIFYING BONAFIDES OF THE APPLICANT SEEKING REGISTRATION MANUFACTURE FOR OF UNDER SECTION 9(4) TECHNICAL **GRADE** PESTICIDES/FORMULATIONS.

1	NT C.1 A 1'	
	Name of the Applicant	•
1.	Name of the Applicant	

2. Detailed Address

3. Is the proposed factory located in industrial area?

a) Size of the proposed industrial plot:

b) Covered area for proposed manufacturing unit

c) Covered area for proposed storage:

4. Address of the immediate neighbouring: Industrial unit

5. Proposed number of personnel being employed by the applicant (detail in following format) (attach extra sheet, if required)

Number Name of the person Designation Qualification Working since

6. Proposed laboratory facilities (List of Laboratory equipments and instruments Available for in house quality control)

7. Proposed manufacturing facilities (giving information on manufacturing/ formulation equipments/machineries as well as equipments for packaging of pesticides)

8. Proposed effluent treatment method

9. Proposed medical facilities

10. Proposed arrangements of First Aid

Measures

RECOMMENDATION

Place: Name and Designation Dated: With Seal

NOTE: Manufacturing Licence shall be issued only after verification of the actual facilities

by the concerned State Department of Agriculture.