

FORM-VII

**APPLICATION FOR THE GRANT/RENEWAL OF LICENCE TO SELL, STOCK OR EXHIBIT FOR SALE
OR DISTRIBUTE INSECTICIDES,
APPLICATION FOR GRANT/RENEWAL OF LICENCE TO STOCK AND USE OF INSECTICIDES FOR
COMMERCIAL PEST CONTROL OPERATIONS**

[See sub-rules (1) and (3A) of rule 10]

To

The Licencing Authority,
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.....

Photo of
applicant

1. Name, address and e-mail address of the applicant:
2. Whether the application is for
 - (a) Grant/renewal of licence to sell/stock/exhibit for sale/distribution of insecticides:
 - (b) Grant/renewal of licence for commercial pest control operations
 - (c) or both:
3. Qualification of the applicant/ the technical personnel under employment of the applicant:
(minimum qualification shall be a graduate with degree in Agriculture or Science with Chemistry/Zoology/Botany/Biotechnology/Life Sciences.:
4. Training
 - (a) Name of the training/course:
 - (b) Duration of training course:
 - (c) Certificate awarded, if any:
(Enclose supporting documents)
5. In case of application for commercial pest control operations,
 - (a) address of registered, zonal and branch offices:
 - (b) address of the premises for which the license is applied for:
 - (c) whether approval of technical expertise obtained:
 - (d) if yes, state reference number of approval, its date and validity:
 - (e) name of restricted insecticides for which approved:
 - (f) name of the responsible technical person:
 - (g) whether any quantity of restricted insecticide in possession as on date of application:
 - (h) if yes, particulars and respective quantity of each in possession:
 - (i) details of safety equipment, antidotes and all other essential facilities:
(Enclose supporting documents)

6. Name of the insecticide(s) and its/their manufacturer/importer which the applicant intends to deal in and status of the principal(s) certificate:

Sl. No.	Particulars of insecticide	Name of the manufacturer	Registration number	Detailed principal certificate number./date of issue/validity

7. Complete address (including name of the lane, PIN Code, etc.) of the premises, where the insecticide(s) shall be
- (a) stored/stocked:
 (b) sold or exhibited for sale or issued for use in case of commercial pest control operations:
 (c) whether any of the above premises is situated in residential area:
 (d) whether food articles are also stored in any of the above premises:
8. Full particulars of licence(s), if issued in the name of the applicant by any other state in the area of their jurisdiction:
9. In case of renewal, please state licence number and date of grant:
10. Particulars of the application fee paid by the applicant:
- (a) Treasury challan/Demand Draft or Pay Order number, date and amount:
 (b) Sub-Treasury, in case of treasury challan:
 Any other relevant information:

Signature of the applicant

Declaration

I/we declare that the information given above is correct and true to my/our knowledge and belief, and nothing therein is false or withheld. I clearly understand that if any information is found to be wrong, false or fake or if any information is found to be withheld or any condition of the licence is violated, the licence issued to me is liable to be cancelled.

I also declare that I shall not take possession of any stock without satisfying myself with the quality thereof.

I undertake that we shall forthwith inform any change in the responsible technical person (in case of applications for commercial pest control operations) to the licensing officer.

I further declare that I shall abide by the conditions laid down in the license and failure to do so shall render the license liable to cancellation.

Place:

Date:

Signature of the applicant

FORM V
APPLICATION FOR THE GRANT
OF LICENSE TO MANUFACTURE INSECTICIDES

[See rule 9]

1. Name, address and e-mail address of the applicant:
2. Address of the manufacturing premises:
3. Particulars of the fee deposited:
4. (a) Name of the insecticide and its registration number:
(enclose copy of certificate of registration of the insecticide duly certified by the applicant)
- (b) Whether the registration is provisional or regular:
(indicate date of validity in case of provisional registration)
- (c) Details of full time expert staff engaged in the manufacture and testing of the insecticide in the above unit:

Sl. No.	Name and designation	Qualification	Experience

- (d) Whether details of facilities for manufacture of the insecticide including infrastructure and those mentioned in Chapter VIII of the Insecticides Rules, 1971, have been provided:
(Enclose complete details in a separate sheet duly signed by the applicant)

Signature of the
applicant

VERIFICATION

I _____s/d/o_____do hereby solemnly verify that the information given in the application and the annexures and statements accompanying it is correct and complete to the best of my knowledge and belief and that nothing has been concealed. I clearly understand that this license is liable to be cancelled, if any information, or part thereof, is found to be wrong, fake or false at any stage or any condition of license is violated.

I declare that we have adequate space and facilities to stock insecticides, manufactured by us so as to maintain their quality on shelf and shall not supply to any distributor or dealer or person who does not have adequate space and facilities to stock them so as to maintain their quality on shelf under every circumstances.

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.

Place:

Date:

Signature with seal

