

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,
The Deputy Director of Agriculture (Administration)
Birbhum

Photo of the
Applicant

1. Name, address and e-mail address of the applicant:

Name :

Address :

e-mail :

2. Whether the application is for

- (a) Grant 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)

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
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

(Separate sheet may be enclosed)

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