

FORM "A"

(See Clause 4)

FORM OF APPLICATION TO OBTAIN DEALER'S LICENSE

To,

The Registering Authority,

.. (Place)

State of / U. T. of

1. Full name and address of the applicant :
2. Name and postal address
3. Place of business (Please give exact address)

For sale

for storage

4. Is it a proprietary/ partnership/ Limited Company/Hindu undivided family concern? Give the name (s) and address (es) of the proprietor/partner/Manager/Karta.
5. In what capacity this application is made :

Proprietor

Partner

Manager

Karta

6. Was the applicant ever convicted under the Essential Commodities Act, 1955 (10 of 1955) or any order issued there under during the last three years preceding the date of application? If so, give details.
7. Give the details of seeds to be handled.
8. Sr. No. Name of seed

I /We have deposited the license fee of rupees fifty vide challan No. _____ dated _____ in treasury/bank _____.

Declaration:

I/We declare that the information given above is true to the best of my/our knowledge and belief and no part thereof is false. I /We have carefully read the terms and conditions of the license given in the form "B" appended to the Seeds (Control) Order, 1983, and agree to abide by them.

Signature of Applicant

Date _____

Place _____

Note: (1) Where the business of selling /exporting /importing seeds is intended to be carried on at more than one place, a separate license should be obtained for each place For use in the office of Licensing Authority

Date of receipt : _____

Name and designation of officer receiving the application

FORM "C"

(See Clause 7)

Application for renewal of license to carry on the business of a dealer in seeds

To,

The Licensing Authority

_____ (Place)

State of /U. T. of _____

I/We hereby apply for renewal of the License to carry on the business of dealer in seeds under the name and style of Shri./M/s. _____ . The license, desired to be renewed, was granted by the Licensing Authority for the State of _____ and allotted License No. _____ on the _____ day of _____ 19

Signature of Applicant (s)

Full name and address of the applicant (s) : _____

Date and Place:

Certified that the License bearing No. _____ granted on to carry on the business of a dealer in seeds at the premises situated _____ is hereby renewed up to _____, unless previously cancelled or suspended under the provisions of the Seeds (Control) Order, 1983.

Date: _____

Renewal No. _____

Seal:

Licensing Authority

State of _____

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

FORM VI
(Letterhead of the Licensing Officer)
LICENCE TO MANUFACTURE INSECTICIDES
[See sub-rule (3) of rule 9]

1. License Number _____
License to manufacture the following insecticide(s) on the premises situated at _____ (Complete
address alongwith PIN Code)
is granted to M/s _____ as
specified hereunder:-

| Sl. No. | Particulars of the insecticide | Registration Number | Date of grant of licence | Validity of licence |
|---------|--------------------------------|---------------------|--------------------------|---------------------|
| | | | | |

2. The insecticide(s) shall be manufactured under the direction and supervision of the following expert staff:
Name of insecticides and name(s) and designation of the expert staff :
3. The licence is subject to such conditions as may be specified in the rules for the time being in force under the Insecticide Act, 1968 as well as the conditions stated below.

Signature of the Licensing Officer

Seal

CONDITIONS

1. This licence shall be kept in the premises for which the licence is being issued and shall be produced for inspection as and when required by an Insecticide Inspector, licensing officer or any other officer authorised by the Government in this regard.
2. Any change in the name of the expert staff, named in the licence, shall forthwith be reported to the licensing officer.
3. The licensee shall scrupulously comply with each and every condition of registration of the insecticide, failing which the licence of the insecticide is liable to be cancelled.
4. The licensee shall comply with the provisions of the Insecticides Act, 1968, and the rules made thereunder for the time being in force.
5. The licence also authorises the storage and stocking of insecticide(s) manufactured at the licensed premises, in the factory premises for sale by way of wholesale dealing by the licensee.
6. The licensee shall obtain ISI Mark Certificate from Bureau of Indian Standard within three months of the commencement of the manufacture.
7. No insecticides shall be sold or distributed without ISI Mark certification.
8. Any other condition(s) may be specified by the licensing officer.

Signature of the licensing officer

Seal

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]

Photo of applicant

To

The Licencing Authority,

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

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/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 VIII

LICENCE TO SELL, STOCK OR EXHIBIT FOR SALE OR DISTRIBUTE INSECTICIDES, INCLUDING STOCK AND USE OF INSECTICIDES FOR COMMERCIAL PEST CONTROL OPERATIONS

[See sub-rules (3A) and (4) of rule 10]

License number _____

License to sell, stock or exhibit for sale or distribute by retail the following insecticide(s) or carrying out commercial pest control operations on the premises situated at

(Complete address along with PIN Code) is granted to

M/s _____

as specified hereunder:-

| Sl. No. | Particulars of the insecticide | Registration number | Date of grant of license |
|---------|--------------------------------|---------------------|--------------------------|
| | | | |
| | | | |

2. The license is subject to the provisions of the Insecticides Act, 1968 and the rules made thereunder for the time being in force as well as the conditions specified below.

Place:

Date:

Signature of the licensing officer

Seal

Conditions

Conditions:

1. The licence shall be displayed in a conspicuous place in the premises.
2. No insecticide shall be sold or exhibited for sale or distributed or issued for use in commercial pest control operations except in packages approved by the Registration Committee from time to time.
3. If the licensee wants to sell, stock or exhibit for sale or distribute or use for commercial pest control operations any additional insecticide during the validity of the licence, he may apply to the licensing officer for issuance of licence for each such insecticide on payment of the prescribed fee.
4. An application for the renewal of the licence for pest control operation shall be made as laid down in sub-rule (3A) of rule 10 of the Insecticides Rules, 1971.
5. Any other condition(s) – may be specified by the Licensing Officer.

Signature of the licensing officer

Seal

FORM IX

Letterhead of the Manufacturer

PRINCIPAL CERTIFICATE

[See clause (i) of sub-rule (4A) of rule 10]

No. _____

Date: _____

We manufacture the following insecticide(s) as per the details given below:

| Sl. No. | Name of the insecticide (Mention trade name, if any, in parenthesis) | Address of the manufacturing premises | Licence number | Date of issue | Valid upto | Name and address of the licensing authority |
|---------|---|---------------------------------------|----------------|---------------|------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

2. We hereby authorise M/s _____ to sell, stock or exhibit for sale or distribute following insecticides, manufactured by us, in wholesale or retail in the Taluka/District/State as detailed below:

| Sl. No. | Common name of insecticide (Mention trade name, if any, in parenthesis) | Registration number and date of issue | Manufacturing License number and date of issue | Name of Taluka and District |
|---------|--|---------------------------------------|--|-----------------------------|
| 1 | 2 | 3 | 4 | 5 |

3. The above mentioned dealer shall obtain the above-detailed insecticides

(a) directly from us:

(b) from the following distributor(s):

| Sl. No. | Name of distributor(s) | Complete address of the distributor (s) | License number and date for distribution of above insecticides | Date of validity of the licence | Complete address of the premises, where the distributor(s) is/are stocking insecticides |
|---------|------------------------|---|--|---------------------------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 |

- The Dealer to whom this principal certificate has been issued shall procure above-detailed insecticides from the above mentioned distributor. In the event of procuring these insecticides from any other distributor, this certificate shall become null and void.
- Before issuing this certificate, we certify that we have inspected and ensured that the above mentioned distributors and dealers have adequate space and facilities to stock above-detailed insecticides so as to maintain their quality on shelf and have obtained an undertaking to the effect that the insecticide(s) shall be stocked accordingly to maintain their quality on shelf under every circumstances.
- This certificate has been issued to enable the distributor/dealer obtain licence to sell, stock or exhibit for sale or distribute the above-detailed insecticides, including those for stocking and use for commercial pest control operations, and is valid upto _____. (Date of validity)

Date: _____

Place: _____

Signature with company's seal

To,

Name and address of distributor/dealer.

Copy for information to: (i) the licensing officer, _____.

(ii) M/s (the distributor and his address), if the insecticides are to be supplied through distributors)

Signature with company's seal

Form-X

Self Certification by the Manufacturers/Dealers/retailers regarding stocks of insecticides

[See sub-rule (7) of rule 10]

I, -----, son/daughter of -----
----- licensed to have a manufacturing/
distribution/ retailing unit at -----
hereby certify that I have maintained all the registers in the format prescribed in the Insecticides Rules, 1971
under my signatures.

The registers are kept under my secured custody and are open to scrutiny anytime by the Insecticide
Inspector, licensing officer or any other officer authorised by the Central or the State Government in this behalf.

Place:

Date:

Signature of the In-charge with seal

FORM XI

REGISTER OF DATE EXPIRED PESTICIDES

[See sub-rules (a) and (b) of rule 10A]

| Sl No. | Name of insecticide (if formulation, details thereof) | Batch number | Date of manufac- ture | Date of expiry | Name of manufac- ture | Stocks received from and the quantity received (give unit details) | Invoice number and date vide which received | Quantit y sold (give unit details) | Quantit y balance (Give unit details) | How was the balance quantity disposed of? |
|-----------|--|-----------------|-----------------------------|-------------------|-----------------------------|--|---|--|---|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |

Signature of the dealer

with date and seal

Verified with the record and found that the above information is correct.

Place:

Date

Signature of the Insecticide Inspector (seal)

FORM XII**REGISTER FOR SALE/DISTRIBUTION OF INSECTICIDES (TECHNICAL AND FORMULATION)
(INCLUDING INSECTICIDES USED IN COMMERCIAL PEST CONTROL OPERATIONS)****(RECORD TO BE MAINTAINED INSECTICIDE-WISE) [See rule 15]**

Particulars of the insecticide:

Registration number:

Month and year:

| Sl. No . | Date of receipt of the insecticide | Name of the manufact urer from whom received | Name of supplier/ distribut or, if any, through whom received | Batch number | Date of manufacture | Date of expiry | Invoice details number, date and quantity (metric tonnes) vide which supply received | Quantity (metric tonnes) | | | | Bill number (name and address to whom sold/dis tributed) date and quantity of the quantity sold/ distribut ed | Remarks |
|----------|------------------------------------|--|---|--------------|---------------------|----------------|--|--------------------------|-----------------|---------------------------------|-----------|--|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | 10 | 11 |
| | | | | | | | | BF, if any | R e c e i v e d | S o l d / D i s t r i b u t e d | Bal anc e | | |

Date:

Signature

Company's seal

Verified with the record and found that the above information is correct.

Signature with date and seal of the Insecticide Inspector

FORM 'A'

(See Clause 8)

**FORM OF APPLICATION TO OBTAIN DEALER'S (WHOLESALE OR RETAIL OR INDUSTRIAL) CERTIFICATE OF
REGISTRATION**

To,

The Registering Authority/*controller

(if the application is for industrial dealer's certificate of registration)

Place State of

1. Full name and address of the applicant :

(a) Name of the concern, and postal address :

(b) Place of business (Please give exact address):

(i) for sale

(ii) for storage

2. Is it a proprietary/partnership/limited company/Hindu Undivided

Family concern? Give the name(s) and address(es) of proprietor /

partners/manager/Karta :

3. In what capacity is this application filed.

(i) Proprietor

(ii) Partner

(iii) Manager

(iv) Karta

4. Whether the application is for wholesale or retail or

*industrial dealership ?

5. Have you ever had a fertilizer dealership registration certificate in the past? If so, give the following details :-

(i) Registration number

(ii) Place for which granted

(iii) Whether wholesale or retail or *industrial dealership.

(iv) Date of grant of registration certificate -----

* Vide S.O. No. 795(E) dt. 22.11.1991

(v) Whether the registration certificate is still valid?

(vi) If not, when expired?

(vii) Reasons for non-renewal (viii) if suspended/cancelled and if so, when

(ix) Quantity of fertilizers handled during last year

(x) Names of products handled

(xi) Name of source of supply of fertilizers.

6. Was the applicant ever convicted under the Essential Commodities Act, 1955 or any Order issued there under including the Fertilizer (Control) Order, 1957 during the last three years preceding the date of application? If so give details.

7. Give the details of the fertilizers to be handled SI. No. Name of Fertilizer Source of Supply -----

8. Please attach certificate(s) of source from the supplier(s) indicated under column 3 of SI.NO.7

9. I have deposited the registration fee of Rs. _____ vide Challan No. _____ dated _____ in treasury / Bank *or enclose the Demand Draft No. _____ dated _____ for Rs. _____ drawn on _____ bank, in favour of payable at _____ towards registration fee. (Please strike-out whichever is not applicable).

10. Declaration :-

(a) I/We, declare that the information given above is true to the best of my/our knowledge and belief and no part thereof is false.

(b) I/We have carefully read the terms and conditions of the Certificates of Registration given in 'B' appended to the Fertilizer (Control) Order, 1985 and agree to abide by them.

*(c) I/we declare that I/we do not possess a certificate of registration for industrial dealer and that I/we shall not sell fertilizers for industrial use. (Applicable in case a person intends to obtain a wholesale dealer or retail dealer certificate of registration, excepting a State Government, a manufacturer or importer or a pool handling agency).

*(d) I/We declare that I/We do not possess a certificate of registration for wholesale dealer or retail dealer and that I/We shall not sell fertilizers for agriculture use. (Applicable in case a person intends to obtain a industrial dealer certificate of registration, excepting a State Government, a manufacturer, importer or a pool handling agency).

Date : Signature of the Applicant(s)

Place : -----

*(c) & *(d) Vide S.O.No.795 (E) dt.22.11.91,

Note :

(1) Where the business of selling fertilizers is intended to be carried on at more than one place, a separate application should be made for registration in respect of each such place.

(2) Where a person intends to carry on the business of selling fertilizers both in retail and wholesale, separate applications for retail and wholesale business should be made.

(3) Where a person represents or intends to represent more than one State Government, Commodity Board,

Manufacturer/Importer or Wholesale dealer, separate certificate of source from each such source should be enclosed.

For use in Office of Registering Authority/*Controller

Date of Receipt :

Name and designation of Officer receiving the application.

FORM 'D'

[See Clause 14(2) (a) & 18(1)]

**FORM OF APPLICATION TO OBTAIN A CERTIFICATE OF MANUFACTURE OF PHYSICAL/GRANULATED MIXTURE
OF FERTILIZERS (S.O.354(E0 dated June 3, 1993)/ RENEWAL**

To,

The Registering Authority

Place_____

State of _____

(1) Full name and address of the applicant :

(2) Does the applicant possess the qualification prescribed by the Government under sub-clause (1) of clause 14 of the Fertilizer (Control) Order, 1985;

(3) Is the applicant a new comer? (Say 'Yes' or 'No')

(4) Situation of the applicant's premises where physical/granulated mixture will be prepared ;

(5) Full particulars regarding chemical analysis of the physical/granulated mixture of fertilizer/* for which the certificate is required and the raw materials used in making the mixture.

(6) Full particulars of any other certificate of manufacture, if any, issued by any other Registering Authority;

(7) How long has the applicant been carrying on the business of preparing physical/granulated mixture of fertilizers/* mixture of micro-nutrient fertilizers?

(8) Quantities of each physical/granulated mixture of fertilizers/*mixture of micro-nutrient fertilizers (in tonnes) in my/our possession on the date of the application and held at different addresses noted against each :

(9) (i) If the applicant has been carrying on the business of preparing physical/granulated mixtures of fertilizers/*mixture of micronutrient fertilizers, give all particulars of such mixtures handled, the period and the place(s) at which the mixing of fertilizers was done :

(ii) Also give the quantities of physical/granulated fertilizer mixtures handled during the past calendar year :

(10) If the application is for renewal, indicate briefly why the original certificate could not be acted on within the period of its validity.

(11) I have deposited the prescribed registration certificate fee/renewal fee:

* Amended Vide S.O. 725(E) dt. 28.7.88

Declaration :-

(a) I/We declare that the information given above is true and correct to the best of my/our knowledge and belief, and no part thereof is false.

(b) I/We have carefully read the terms and conditions of the certificate of manufacture given in Form F appended to the Fertilizer (Control) Order, 1985 and agree to abide by them.

(c) I/We declare that the physical/granulated mixture for which certificate of manufacture is applied for shall be prepared by me/us or by a person having such qualifications as may be prescribed by the State Government

from time to time or by any other person under my/our direction, supervision and control or under the direction, supervision and control of person having the said qualifications.

*(d) I/We declare that the requisite laboratory facility specified by the Controller, under this Order is possessed by me/us.

Name and address of applicant

in block letters.

Signature of the applicant(s)

Date :

Place :

FORM 'O'

[See Clause 8 & 11]

**CERTIFICATE OF SOURCE FOR CARRYING ON THE BUSINESS OF SELLING FERTILIZERS IN WHOLESALE/RETAIL/
FOR INDUSTRIAL USE**

No.....

Date of Issue

1. Particulars of the concern issuing the certificate of source.

(a) Name and full address

(b) Status : (i) State Government

(ii) Manufacturer

(iii) Pool handling agency

(iv) Wholesale dealer

(v) Importer

(c) If manufacturer of mixture of fertilizers, the details of certificate of manufacture of mixture of fertilizers possessed :

(i) Number

(ii) Date of Issue

(iii) Date of expiry

(iv) Grades of mixtures of Fertilizers allowed to be manufactured

(v) Authority by whom issued.

(d) Details of certificate of registration :

(i) Number

(ii) Date of Issue

(iii) Date of expiry

(iv) Authority by whom issued.

2. Particulars of the person to whom the certificate of source is being issued.

(a) Name and full address

(b) Status (i) Wholesale dealer

(ii) Retail dealer

(iii) Industrial dealer

(c) If holds a valid certificate of registration, the details thereof

(i) Number

(ii) Date of Issue

(iii) Date of expiry (iv) Authority by whom issued.

(d) Purpose of obtaining the certificate of source :

(i) For obtaining a fresh certificate of registration

(ii) For renewal of the certificate of registration.

3. Details of fertilizer(s) to be supplied :

| Sr.No. | Name of fertilizers | Trade mark/Brand name |
|--------|---------------------|-----------------------|
| 1 | | |
| 2 | | |
| 3 | | |

4. Declaration : Declared that the fertilizers mentioned above will be supplied conforming to the standards laid down under the Fertilizer (Control) Order, 1985 and, as the case may be, grades/formulations (of mixtures of fertilizers) notified by the Central/State Government and packed and marked in container as provided under clause 21 of the Fertilizer (Control) Order, 1985.

Signature with Stamp of the Authorised Officer

Application to provide compensation in case of death occurred during operation of farm machinery within the State of Himachal Pradesh.

Mukhya Mantri Kisaan Evam Khetihar Mazdoor Jeevan Suraksha Yojna

1. Name of the applicant: _____
Occupation (Please tick the right one):
(a) Farmer
(b) Agriculture Labourer
2. Father's Name: _____
3. Full address:
(a) Village _____ b) Panchyat _____
(c) Tehsil _____ d) District _____
4. Age. _____
5. Accident Details:
(a) Date: _____ b) Time: _____
(c) Place: _____ d) Village: _____
(e) Panchyat _____
6. Nature of accident (tick the right one):
(a) Death, (b) Permanent serious injury due to breakage of backbone
(c) Amputation of one limb/permanent serious injury
(d) Amputation of two limbs/permanent serious injury
(e) Cutting of full finger (upto 3 fingers).
(f) Cutting of four fingers (amputation of one limb)
7. Case of accident/death (please tick the right one)
(a) Agriculture related machinery, Power plough, Weeder, Reaper cum binder (b) Equipments (c) Tools, (d) Implements, (e) Machinery (f) Digging of well, (g) Installing Tubewell, (h) Cane crusher (i) Kohloo (j) Thresher/ Shellars (k) Working or installing Tubewell (l) Electric current while working on Tubewell or any other farm machinery (m) By tractor/ power tiller

(Signature of the applicant
or Finger thumb impression)

Signature and address of immediate relatives:_____

(i) Village:_____ (ii) Tehsil:_____
(iii) District _____

It is certified that the above information provided by
Sh./Ms._____ is true and correct

(a) Signature

(1) Pardhan Panchayat/ Secretary of Panchyat

OR

Commissioner Municipal Corporation/Secretary/Executive Officer of Urban Local
Body.

Application to provide compensation to the victims of accidents leads to disability occurred during operation of farm machinery within the State of Himachal Pradesh.

Mukhya Mantri Kisaan Evam Khetihar Mazdoor Jeevan Suraksha Yojna

1. Name of the applicant: _____
Occupation (Please tick the right one):
(a) Farmer
(b) Agriculture Labourer
2. Father's Name: _____
3. Full address:
(a) Village _____ b) Panchyat _____
(c) Tehsil _____ d) District _____
4. Age. _____
5. Accident Details:
(a) Date: _____ b) Time: _____
(c) Place: _____ d) Village: _____
(e) Panchyat _____
6. Nature of accident (tick the right one):
(a) Permanent serious injury due to breakage of backbone
(b) Amputation of one limb/permanent serious injury
(c) Amputation of two limbs/permanent serious injury
(d) Cutting of full finger (upto 3 fingers).
(e) Cutting of four fingers (amputation of one limb)
7. Case of accident (please tick the right one)
(a) Agriculture related machinery, Power plough, Weeder, Reaper cum binder (b) Equipments (c) Tools, (d) Implements, (e) Machinery (f) Digging of well, (g) Installing Tubewell, (h) Cane crusher (i) Kohloo (j) Thresher/ Shellars (k) Working or installing Tubewell (l) Electric current while working on Tubewell or any other farm machinery (m) By tractor/ power tiller

(Signature of the applicant
or Finger thumb impression/other impression

Signature and address of victim:_____

(ii) Village:_____ (ii) Tehsil:_____

(iv) District _____

It is certified that the above information provided by
Sh./Ms._____ is true and correct

(b) Signature

(1) Pardhan Panchayat/Secretary of Panchyat

OR

Commissioner municipal corporation/Secretary/ Executive officer of Urban Local
Body.

Report of Subject Matter Specialist (Agriculture) of block on claim regarding death occurred due to accident during operation of farm machinery.

Mukhya Mantri Kisaan Evam Khetihar Mazdoor Jeevan Suraksha Yojna

It is certified that information furnished by the Claimant Shri/Ms./Son/Daughter/Wife/Widow of Shri/Ms._____ resident of village/town_____ Tehsil_____ District_____ match with the information verified and provided by Medical Officer/Doctor (report attached) are due to handling /operation of farm machinery is recommended for acceptance to Dy. Director Agriculture, _____

Signature of the Claimant are taken on dated_____

Signature:_____
Subject Matter Specialist (Agriculture)
Dev. Block._____

“Sanction Order”

On the basis of facts contained in the application & further verified & recommended by the Subject Matter Specialist (Agr.) of the Block, I hereby sanction Rs._____ in favour of Sh./Smt._____ Village_____ Tehsil_____ District_____ as compensation regarding accident due to death occurred during operation of farm machinery as per the scheme circulated by the Govt.

Dy. Director of Agriculture
Distt. _____

Copy to:-

The Director of Agriculture, HP for information, please.

Report of Subject Matter Specialist (Agriculture) of block on claim regarding injury/accident occurred due to operation of farm machinery.

Mukhya Mantri Kisaan Evam Khetihar Mazdoor Jeevan Suraksha Yojna

It is certified that information furnished by the Claimant Shri/Ms./Son/Daughter/Wife/Widow of Shri/Ms._____ resident of village/town_____ Tehsil_____ District_____ match with the information verified and provided by Medical Officer/Doctor (report attached) are due to handling /operation of farm machinery is recommended for acceptance to Dy. Director Agriculture, _____

Signature of the Claimant are taken on dated_____

Signature:_____
Subject Matter Specialist (Agriculture)
Dev. Block._____

“Sanction Order”

On the basis of facts contained in the application & further verified & recommended by the Subject Matter Specialist (Agr.) of the Block, I hereby sanction Rs._____ in favour of Sh./Smt._____ Village_____ Tehsil_____ District_____ as compensation regarding accident occurred during operation of farm machinery as per the scheme circulated by the Govt.

Dy. Director of Agriculture
Distt. _____

Copy to:-

The Director of Agriculture, HP for information, please.

Medical Certificate

It is certified that Shri/Ms. _____
Son/Daughter/Wife/Widow of Sh. /Ms _____ resident of
village/city _____
Tehsil _____ District _____ got the treatment in my
hospital/dispensary _____ from
_____ upto _____ with register No. _____ dated
_____ under the following injuries/accidents:-

- (a) Death
- (b) Breakage of backbone (if it is permanent disability)
- (c) Amputation of two limbs
- (d) Amputation of one limb/organ i.e. hand, foot, eye leg or arm 4 fingers.
- (e) Amputation of full fingers up to 3 fingers.
- (f) Partial amputation of finger/thumb.

Signature of the Doctor (Registered qualified Medical practitioner)

With seal

**H.P.T.R. I
CHALLAN**

(For Treasury Office Use)

Challan No. :

Challan Date :

(TO BE FILLED IN BY THE TENDERED)

Tendered By :

Particulars :

Amount (Rs.) :(Rupees).....

(Signature of Tenderer)

(TO BE FILLED IN BY THE DEPARTMENTAL OFFICER OR THE TREASURY)

Treasury Code :

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

DDO Code :

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

(On whose behalf the money is tendered)

Major – Code

Sub-Major

Minor-Code

Sub-Head

Amount

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

| | |
|--|--|
| | |
|--|--|

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|--|--|
| | |
| | |
| | |
| | |

Rs.

Rs.

Rs.

Rs.

(Head of Account)

(Signature of the Officer)

Ordering the money to paid in

(FOR BANKING TREASURY ONLY)

ORDER TO THE BANK : “Correct , Receive and Grant Receipt.”

Date.....

(Treasury Officer)

(FOR NON- BANKING TREASURIES ONLY)

Received Rs.....(in words).....

.....

Treasurer

Accountant

Date

.....
Treasury Officer
Agent

Annexure-I

प्रार्थना पत्र

सेवा में,

उप कृषि निदेशक/जिला कृषि अधिकारी/सहायक परियोजना अधिकारी,
.....जिला.....हि० प्र० ।

विषय : डा. वाई. एस. परमार किसान स्वरोजगार योजना के अर्न्तगत पॉलीहाऊस
निर्माण हेतु प्रार्थना पत्र ।

श्रीमान जी,

मैं.....

सुपुत्र/ सुपुत्री/ पत्नी श्री.....

गांव.....डाकघर.....

तहसील.....जिला.....

.....हिमाचल प्रदेश का स्थाई निवासी हूँ । मेरी किसान
पास बुक के अनुसार.....मलकीयत भूमी है जिसमें
सेभूमि फसल को उगाने के लिए उपयुक्त है । मैं उपरोक्त
योजना के अर्न्तगत उपलब्ध वित्तीय सहायता द्वारा पॉली हाऊस {हरित गृह} का निर्माण
करना चाहता हूँ । सिंचाई हेतु मेरे पास साधन उपलब्ध है / नहीं है अतः मैं इसके लिए भी
आवश्यक सहायता चाहता हूँ /नहीं चाहता हूँ । मैं इस बारे सम्बन्धित विवरण निम्न प्रकार
से दे रहा हूँ ।

| | | |
|----|---|--|
| 1. | प्रार्थी का नाम व पूरा पता | |
| | | |
| | दूरभाष न० | |
| 2. | क्या प्रार्थी अनुसूचित जाति/ अनुसूचित जनजाति से सम्बन्ध रखता है हां/ नहीं | |
| 3. | क्या प्रार्थी गरीबी रेखा के नीचे { बी.पी. एल}से सम्बन्ध रखता है हां/ नहीं | |
| 4. | कुल भूमि {किसान पास बुक के अनुसार } | |
| | क} सिंचित क्षेत्र | |
| | ख} असिंचित क्षेत्र | |
| 5. | पानी का स्रोत | |
| 6. | कुल भूमि जहां पॉलीहाऊस का निर्माण किया जाएगा {खसरा न० सहित} जमाबंदी व तरतीमा संलग्न करें। | |

| | | |
|-----|---|--|
| 7. | सरकार द्वारा चलाई गई अन्य स्कीमों के तहत निर्मित पॉलीहाउसों पर प्राप्त वित्तीय सहायता व पॉलीहाउस का साईज / मॉडल का विवरण। | |
| | 1. किसान बागवान समृद्धि योजना | |
| | 2. बागवानी तकनीकी मिशन | |
| | 3. राष्ट्रीय बागवानी बोर्ड | |
| | 4. राष्ट्रीय कृषि विकास योजना | |
| | 5. अन्य योजनाएं | |
| | नोट- प्रत्येक किसान को अधिकतम २००० वर्गमीटर तक सहायता दी जा सकती है यदि उसने पहले किसी भी स्कीम से सहायता न ली हो। | |
| 8. | योजना के अन्तर्गत निम्न 1,2,3, मदों के बारे में वित्तीय सहायता हेतु आवेदन, हां / नहीं स्पष्ट करें तथा विवरण। | |
| | 1. पॉली हाउस निर्माण हेतु | |
| | {क} पॉलीहाउस का साईज व मॉडल। | |
| | {ख} कम्पनी का नाम व पता | |
| | 2. सूक्ष्म सिंचाई सुविधा हेतु | |
| | {क} टपक सिंचाई (ड्रिप इरिगेशन) | |
| | {ख} कम्पनी का नाम व पता। | |
| | 3. पम्प यूनिट के निर्माण अथवा उठाऊ जल योजना के लिए | |
| 9. | बैंक से ऋण लेना चाहता हूँ या नहीं। यदि हां तो बैंक का नाम, पूरा पता | |
| 10. | मैंने पॉलीहाउस बारे कम से कम तीन दिन का प्रशिक्षण कृषि विश्वविद्यालय से ले रखा है/ लेना चाहता है। | |

मेरे द्वारा ऊपर दी गई सूचना पूर्ण रूप से ठीक है तथा मैं योजना में दिए गए दिशा निर्देश के अनुसार कार्य करने के लिए तैयार हूँ। अतः मैं आपसे अनुरोध करता हूँ कि मुझे क्रमांक 8 के अन्तर्गत दर्शाये गए मदों हेतु वित्तीय सहायता की स्वीकृति प्रदान की जाये।

मैं यह भी सत्यापित करता हूँ कि उक्त पॉलीहाउस निर्माण हेतु मैंने किसी अन्य सरकारी विभाग / संस्था के अन्तर्गत चलाई जा रही स्कीम में किसी वित्तीय सहायता हेतु आवेदन नहीं किया है/ वित्तीय सहायता प्राप्त नहीं की है।

भवदीय,

किसान के हस्ताक्षर.....

पूरा पता.....

.....

टेलीफोन/मोबाईल न०.....

Annexure –III

Undertaking to be given by the Beneficiary in the shape of affidavit to be attested by the Notary (after receiving the sanction from District Nodal Officer)

I / we.....S/o Sh.-----
.....R/o -----
.....

....do hereby undertake the following:

1. That I have received approval for the construction of poly house (.....sqm.), Micro irrigation System (.....sqm.) and for the creation of water resource i.e. lift / pumping unit and I am eligible to receive Project assistance amounting to Rs.after the creation of infrastructure mentioned above.
2. That I will provide my own undisputed well leveled land for the construction of poly house with Micro Irrigation System and Water Source , to the firm (from the empanelled list) opted by me. If any dispute arises for the non execution or delay in work then the dispute will be resolved between me and the firm at our own level.
3. I undertake that I will sign an agreement with service provider within 15 days from the receipt of authorization.
4. That I will utilize and maintain the infrastructure created through Project Assistance for a period of minimum five years and in case of any damage to Poly house by the storm, wild animals, Land Slide, Fire etc. or any other calamity, I will repair the poly house at my own cost and the Department or service provider shall not have any liability for that.
5. That I will use the poly house for raising vegetable crop mainly.
6. **That I have not availed any assistance for the creation of same infrastructure as approved as per Sr. No. 1 above. In case assistance availed give details.**
7. That the content of my application submitted to the Agriculture Department for sanction of Project Assistance under **Dr. Y. S. Parmar Kisan Swarozgar Yojna** are correct and no part of it is wrong and nothing has been concealed there from.
8. That I will pay beneficiary share (15%) for the installation of infrastructure (Poly house or Micro Irrigation or both) at the time of signing of agreement to SMS (Agri.) in the shape of Bank draft prepared in favour of service provider against sanctioned amount of these components which have been approved vide letter No..... dated by the District Nodal Officer (Deputy Director of Agriculture / District Agriculture Officer / Assistant Project Officer) as per terms and conditions laid down for the operationalization of the scheme.

9. That I will provide well leveled field / site for the construction of this infrastructure at my own cost before signing of the agreement.
10. That I will bear the carriage charges of construction material from the pucca or katchha road head to the site.
11. That I will make arrangement for electricity and water etc at the site.
12. That I will facilitate for making stay arrangements of the workers during construction period.
13. That I will bear the expenditure for extra features and optional items.

I, further undertake that in the event of departure from the above i.e. Sr. No. 1 to 12, I shall be liable to refund the whole or part of the project Assistance as the case be to the Project Sanctioning Authority i.e. District Nodal Officer, District, Himachal Pradesh.

Deponent

Verification

I, the above named deponent do hereby solemnly admit and verify that the contents of the above affidavit are true and correct and no part of it is false and nothing material has been concealed there from.

Verified at on this day
of 2014.

Deponent

Note:- To be attested by Notary

Annexure-V

AGREEMENT BETWEEN THE FARMER AND EMPANELLED FIRM / COMPANY (SERVICE PROVIDER) FOR THE CONSTRUCTION OF POLY HOUSES AND INSTALLATION OF MICRO IRRIGATION SYSTEM

(On judicial paper to be attested by Notary)

This agreement made thisday ofbetween Shri / Smt.R/o(hereinafter called the farmer of the first party) and Shri.....s/o.....R/o.....(hereinafter called the service provider. He can be a proprietor of the firm/company or authorized representative duly authorized by the firm or company to sign and enter into as agreement. The Parties hereby agreed to undertake the following:

1. The farmer or first party will provide his own legally occupied and undisputed land for the construction of poly houses and no part of poly houses will be constructed on unauthorized/disputed land. If any portion of the land where poly house found to be constructed on other than individual land then the first party will be responsible for this.
2. The farmers or first party will provide well leveled land to the firm / company for the construction of poly house and also provide water source for the installation and operationalization of micro irrigation system preferably within 20 meter radius of the constructed poly house. The first party will bear the head load carriage from Katchha / pucca road head to the actual site of poly house.
3. The first party will select the model and design of poly house of his choice from the approved models and designs and will provide cheque /draft to the SMS (Agri.) equal to 15 % of the cost as beneficiary share at the time of signing of agreement which will be passed on to the service provider after the material is dumped at site and work started.
4. The first party will get the infrastructure installed from second party of total cost of construction of poly house / poly houses and MI system or any one component as per status of empanelment of the company in accordance with the approved model, design, specification and rate.
5. The farmer or first party has voluntarily opted the second party (i.e. empanelled firm) for the construction of poly house. If any dispute arises for the non execution or delay in construction of poly house work then the dispute will be resolved between the first and second party themselves.
6. The second party empanelled by the Department will arrange specified construction material and will execute the work to the best satisfaction of first party within 90 days from the date of signing of the agreement.
7. The second party will get the construction material inspected by the PIA or his authorized representative.

8. As provided in the clause (7) of the Arbitration and Reconciliation Act 1966, both parties agreed to resolve the dispute which may arise between the beneficiary and the service provider, through the Arbitrator to be appointed by the Government.
9. In case of default/deviation from the agreed terms and conditions, the parties concerned will be liable for the following:
 - a) Loss accrued to the first party by non construction of Poly house structure/ installation of Micro- irrigation system within specified time, second party will be liable to refund the entire beneficiary share with 20% interest from the date of deposit of this amount. In case there is any construction defect or non specified construction material is used, then second party would remove the defect and replace the material at his own cost within 30 days after pointing out the defects.
 - b) First party shall have to sign an agreement with the service provider of his choice within 15 days from the receipt of sanction from DNO.
 - c) The execution of civil works will be decided mutually by both the parties.

In witness whereof the said and have hereto respectively signed this agreement on the day year first hereinabove written.

Signature

Farmer (First Party)

Witness

1..... (PIA or his representative)

2.(Local Person)

Company (Service provider)
(2nd Party)

PROFORMA FOR SUBMISSION OF APPLICATION FOR SUBSIDY

To

The -----

Subject:- Grant of subsidy for the purchase of Agriculture Inputs.

Sir,

I have the honour to state that I wish to purchase the Agriculture inputs for sowing/operation. I shall feel obliged if for the said purpose I may be granted the subsidy on the following inputs to my-----bighas land under my possession.

| S.No. | Kind of Inputs | Quantity | Rate | Amount | Subsidized cost |
|-------|----------------|----------|------|--------|-----------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

Certificates:-

1. I, certify that the above listed material would be used by me in my above mentioned land
2. I give an undertaking to the effect that the department of Agriculture will have the right to verify that the material is used to which subsidy is applied for.
3. In case any mis-utilization or non utilization of subsidy in whole or part thereof, I undertake to refund the whole amount of subsidy granted to me in full along with interest at the prevailing bank rates. If fail to pay the same it shall be recoverable from me as arrear of land Revenue under the provision of H.P public money (recoveries of dues Act No. 22 of 1973).
4. Certified that I reside in village-----Panchayat-----Block-----Distt , -----, H.P which has been declared as Backward Area by the H.P. Govt. Notification No PLG-F(DASA)1-1/95 Dt. 16.6.95 and I belong to SC/ST/IRDP/ Antodaya or NSC (General farmers) family among the small / marginal farmers.
5. Certified that the particulars furnished above by me are true to the best my knowledge and belief and that nothing have been concealed therein.

Yours faithfully,

Signature of beneficiary

Verification of Gram Panchayat Pardhan/Patwari

Certified that that Sh.....S/O-----R/O-----have-----Bighas land and belong to SC/ST/IRDP/Antodaya/IRDP(SC) or NSC family or Backward area. He has actual need of above mentioned inputs and I know him personally who has signed in my presence in the form.

Pardhan Gram Panchayat/Patwari

An amount of Rs.....(Rupees.....) subsidy in kind recommended/ sanctioned to the applicant for the purchase of above mentioned inputs.

Agriculture Ext. Officer

Agriculture Dev. Officer

Subject Matter Specialist

Received a sum of Rs.....(Rupees.....)only in kind as subsidy i,e 25%, 33%, 50% cost of inputs purchase by me through..... from the SMS/ADO Dev. Block.....

Signature of beneficiary