

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 III

(See Rule 9)

Application for the grant of license of manufacture of Insecticides

Name, address and status of the applicant.

Address of the premises where the manufacturing activity will be done:

Name of the insecticides with Name of the Registration No. Date

their registration number and Insecticides

date for which manufacturing 1.

license is applied (enclose copies 2.

of certificate of registration duly 3.

signed by the applicant).

Whether any registration is Provisional, if so give particulars.

Details of full time expert staff	Name	Qualification	Experience
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connected with the manufacture	1.		
--------------------------------	----	--	--

and testing of he insecticides in	2.		
-----------------------------------	----	--	--

The above unit.	3.		
-----------------	----	--	--

Whether all the facilities required

under Chapter VIII of the Rules have

been provided. Give full details

in a separate sheet.

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 given 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:

Signature with seal

Place:

FORM IV

[See Rule 9 (1)]

Application for renewal of license to manufacture insecticides

- a. I/We _____ of _____ hereby apply for the renewal of the license to manufacture insecticides on the premises situated _____ (License No. and date to be given).
- b. The other details regarding the manufacture of the insecticide continue to remain the same.
- c. Particulars of the fee deposited.
- d. The license is enclosed herewith.

Date: _____

Signature

VERIFICATION

I _____ S/o _____; do hereby solemnly verify that what is stated above is true and correct to the best of my knowledge and belief.

I further declare that I am making this application in my capacity as (designation) and that I am competent to make this application and verify it, by virtue of _____; A photo / attested copy of which is enclosed.

Date:

Signature with Seal

Place:

Note:-If there is any change in details of manufacture or conditions of license subject to which the license is required to be renewed, the same may be indicated here.

FORM VI

[See rule 10 (1)]

Application for the grant of license to sell, or exhibit for sale or distribute insecticides

To,

The Licensing Authority,

State of _____,

- a. Full name and address of the applicant.
- b. Is the applicant a new comer? (Say "Yes" or "No.")
- c. If yes, the names of the principals, if any, whom he represents.
- d. 5) I enclose a certificate from the principles whom I represent or whom I intend to represent and the source/sources from which insecticides will be obtained.
- e. 7) Situation of the dealer's premises where the insecticide will be (a) stored, and (b) sold.
- f. 8) The names of insecticides in which the applicant desires to carry on business.
- g. 9) Full particulars of licenses issued in his name by other State Governments, if any, in their area.
- h. 10) I have deposited the license fee.

Treasury Challan No: _____

Sub-Treasure: _____

1. Declaration:

- a. I/We declare that the information given above is true to my/our knowledge and belief and no part thereof is false.
- b. I/We carefully have read the terms and conditions of the license and agree to abide by them.

Name and address of the applicant (s) in block letters.

Date: _____

Signature of the applicant

Place _____

Remarks by the Licensing Authority

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

(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 thereunder 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

Sl. No. Name of Fertilizer Source of Supply

8. Please attach certificate(s) of source from the supplier(s)

indicated under column 3 of Sl.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