

House No. / Name :

Area / Peth / Road :

(2)

Village / City Taluka

District Pincode Telephone No.

4 Situation of the premises : Where Insecticides will be

STORED SOLD

House No. / Name :

Area / Peth / Road :

Village / City Taluka

District Pincode

5 Name of the Applicant : Mr. / Mrs :

Qualification :
(Give highest Degree)

Experience in Trade :
(Years)

6 Details of Applicant and / or Partners :

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

Date :

Place : (Signature of the Applicant)

NOTE : 1. Strike out which is not applicable. 2. All the items should be filled properly in
 3. If the information is nil say BLOcK letters only. NIL. 4. Separate encloser to be enclosed where necessary.

FOR OFFICE USE ONLY

1) New Licence :

Recommending Inspector's Code No. :

2) Licence No. :

Date :

3) Renewal :

1. Renewed :

2 Date :