

**FORM VI**  
**(SEE RULE 10(I))**

Application for the grant of *New Licence* to sell stock or Exhibit for sale or distribute insecticides

To,

**The Licencing Authority,  
State of Chhattisgarh**

1. Full name & address of the applicant :
2. Is the applicant a new comer ? :  
(Say 'Yes' or 'No')
3. If yes, the names of the principles, if any :  
whom he represents.
4. 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.
5. Quantities each Insecticides (in tonnes) :  
in my/our possession on the date of application  
(at the sale depot and in godowns attached)
6. Situation of the dealer's premises where the :  
insecticides will be (a) stored, and (b) sold.
7. The names of insecticides in which the :  
applicant desired to carry on business.
8. Full particulars of Licences issued in his :  
name by other State government if any in their areas.
9. I have deposited the licence fee.  
Try. Chhallon No.                      Sub treasury Amount                      Date
10. Declaration:-  
(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 term and conditions of the licence and agree to abide by  
them.

Full name & address of the  
Applicant in Block letters.

Signature of the Applicant (s)

Date :

Place :

Remarks by the Licencing Authority.

## AGREEMENT BOND

I/We ..... Son of .....  
 Resident of ..... Tahsil ..... Distirct  
 ..... (C.G.) on behalf of M/s .....  
 ..... do here by agreement  
 as a Licence holder of Licence No. .... Date ..... Granted to us  
 for sale stock or exhibit for sale of distribution of pesticides subject to the terms and  
 conditions here under mentioned:-

1. I bind to perform sale Exhibit for sale and distribution of insecticides/Commercial pest control operations subject to the rule and amendments made under insecticides Act. 1958.
2. If the granted licence is not renewed writhing the stipulated time limit and consequently expire. I shall bind to close my business and surrender the licence to the licencing authority.
3. I shall not without the previous grant of permission in writing from the licencing authority, transfer assign or otherwise transfer sale exhibit and distribution of Insecticides/commercial pest control operation.
4. I blind my self/on behalf of ..... that as per act. rules part sub-rule 12 section lore the transportation storage & storage away form food matter proper care will be observed.
5. I shall not conduct the sale, sale exhibit and distribution/commercial pest control operations with the Insecticides which has been cancelled, prohibited by the concerning authorities or unregistered by registration board and even not deal with unlabelled and open lose sale.
6. I bind to issue the cash memos with guarantor or contents having batch Nos. dated of manufacture and the expiry to be purchaser or the users.
7. I shall not without any previous information in the writing to the Licencing authority change any principals to whom I represent.
8. I shall maintain all the records and concerning papers which are prescribed and amendments made there under time to time as informed by the licencing authority and will produce the same for inspection on demand to the Insecticides Inspector/Authorized person on behalf of the licencing officers.
9. I bind my self to carry out all the instructions and station issued time by the licencing authority.
- 10.I bind it self to offer permission to the licencing authority Insecticide/Inspectors and other persons authorized by the licencing authority or the authority concern to take sample, to stop sale, Transportations, destroy and to prohibit the operation or to seize the materials as per rule of the act.

- 11.I bind myself to provide the prescribed safety devices per, act to workers hurdling the Insecticides and not to apply them more than four hours continuously with insecticides.
- 12.I shall not employ pregnant and nursing mothers, workers below age of sixteen years of age, monthly and physical week persons and every person employed shall be made examined at regular intervals not exceeding six months and the certificates there on will be kept as records.
- 13.I shall keep the first aid measures with the antidote in the occurrence of any incidence/case of poisoning should be find to and the District police officer immediately and to furnish all the information date records may be required for investigation of case of poisoning.
- 14.In the event of committing a breach or falling to observe any of the conditions of this agreement by us the licence authority may without prejudice to any other remedy terminate cancel or suspend the licence without giving any notice in writing.
- 15.In the event of any despite rising on any matter connect with this agreement the decision of the licencing authority shall be the final and hiding on us.

This agreement is executed on this day the ..... of ..... 199

Signature

Witness

- 1. ....
- 2. ....

Name .....

On behalf of .....

.....

**कीटनाशी अधिनियम 1968 के अंतर्गत अनुज्ञापत्र प्राप्त/नवीनीकरण करने वाले विक्रेता के आवेदन के साथ वांछित निरीक्षण टीप हेतु :-**

1. आवेदक का नाम : .....
2. क्या आवेदक इस व्यवसाय में नये हैं : .....
3. वर्तमान में कोई अन्य व्यवसाय कर : .....
- रहे हों तो व्यवसाय का नाम व पता .....
- (इसके पूर्व कभी कीटनाशी औषधि का .....
- व्यवसाय किया था, यदि हां तो व्यवसाय .....
- बंद करने का कारण .....
- .....
4. कीटनाशक औषधि के व्यवसाय हेतु प्रस्तावित : .....
- स्थल/गोदाम का पूर्ण पता .....
5. क्या प्रस्तावित स्थान नियमानुसार हवादार : .....
- शुष्क प्रकाशयुक्त व शीतल है ताकि औषधि .....
- के गुण सुरक्षित रखे जा सके।
6. प्रस्तावित स्थल में पशु आहार/मनुष्य आहार : .....
- को भी तो संग्रहण नहीं किया जावेगा।
7. कीटनाशक विक्रय के दौरान गत 2 वर्षों में : .....
- विक्रेता ने कीटनाशी अधिनियम एवं नियम .....
- का उल्लंघन तो नहीं किया।
8. स्थल ऐसी जगह पर तो नहीं है जिससे आस : .....
- पास के रहवासियों पर बुरा प्रभाव पड़ सके।
9. विशेष .....

हस्ताक्षर

कीटनाशी निरीक्षक का नाम

क्षेत्र ..... वि.खं. ....

**कीटनाशी औषधि संग्रहण एवं विक्रय लाइसेंस हेतु आवेदन/नवीनीकरण के लिए आवेदक से संबंधित जानकारी का पत्रक :-**

1. आवेदक का नाम : .....
2. आवेदक की शिक्षा : .....
3. आवेदक का विवरण क्या वह व्यक्तिगत :  
स्थायीत्व पार्टनरशीप अथवा कंपनी एक्ट  
अधीन पंजीकृत फर्म है, यदि हां तो पंजीयन  
अभिलेख की प्रति संलग्न करें। : .....
4. फर्म या कंपनी का वैध पंजीयन क्रमांक : .....
5. आवेदक का केन्द्रीय/प्रांतीय विक्रय कर :  
पंजीयन क्र. (यदि पंजीकृत हो तो) : .....
6. फर्म से संबद्ध भागीदारी/मालिक संचालकों के :-  
नाम .....  
उम्र .....  
पता .....  
.....  
.....
7. फर्म की ओर से नियुक्त व्यवहारी का नाम :  
एवं फर्म के मालिक से संबंध : .....
8. क्या आवेदक को विगत तीन वर्षों में आवश्यक :  
वस्तु अधिनियम 1985 या कीटनाशी अधिनियम  
1968 के अधीन दण्डित किया गया है। : .....

मैं यह घोषणा करता हूँ कि उपरोक्त दिया गया विवरण सही है।

दिनांक : .....

हस्ताक्षर

नाम .....

डाक का पता .....

.....

पद .....