

Application for the grant of license to manufacture insecticides

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▼ [Licensing Authority Details](#)

Licensing Authority Local Region*(Puducherry)

▼ [Applicant Details](#)

Name*

Email Id

Mobile No.

Telephone No.

Status of the applicant

UID

Address:

House/Door No.*

Address Line-1*

Address Line-2

Address Line-3

Pin Code

Address of the premises where the Manufacturing activities will be done:

House/Door No.*

Address line-1*

Address Line-2

Address Line-3

Pin Code

▼ [Registration Details](#)

Name of the Insecticides with their registration number and date for which manufacturing license is applied for:

Name of the Insecticide

Registration No

Date

Whether any registration is provisional*

Give particulars*

▼ [Staff Details](#)

Name

Date of Entry

Education

Experience

▼ [Application Details](#)

Name of the firm*

Whether the facilities required under chapter VIII of the Rules

Yes/No

Give full details*

▼ [Challan Details](#)

Challan No.*

Dated*

Name of Bank/Treasury*

Amount Paid*

▼ [Declaration](#)

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