

**INFORMATION TO BE FURNISHED BY THE PESTICIDES  
MANUFACTURERS/FORMULATORS FOR VERIFICATION OF THE PRINCIPAL  
CERTIFICATE**

<b>Sl. No.</b>	<b>Particulars</b>	<b>Details</b>	<b>Page No.</b>
1	Address of the Registered office with Phone No., Fax No. and email.		
2	Complete address of the premises where manufacturing /formulation unit is exists.		
3	Manufacturing License No. and Designation of the Licensing authority of the state (Copy of the License duly attested should be enclosed)		
4	Whether the CIB Registration certificate for all the products shown in the Principal Certificate obtained? (Copy of Registration Certificate, approved labels & leaflets duly attested shall be enclosed)		
5	Whether the labels and leaflets are printed in kannada language? (enclose copy for all the products)		
6	Whether the distribution/sale in the state is through marketers? If so, furnish name and address including the license no. issued by the jurisdictional Licensing Authority.		
7	The No. of Licensed distributors/stockiest/dealers in the state. (Furnish district wise dealers network giving complete details of name and address including license no.)		
8	Furnish the total sale of insecticides in the state for the past two years in metric tons/kilo liters. (Enclose district wise and product wise sales details for the past two years)		

9	Name, Father Name, Age, Designation and complete address of the person who in charge and responsible for the conduct of business of the company/Partnership firm/ Proprietorship firm Society/Association as the case may be (U/s 33 of IA 1968) (Enclose Affidavit and permanent Address Proof).		
10	Name, Age, Designation, father name and complete address of the person who is in charge and responsible directly for the manufacturing/formulating process of the insecticides and quality control aspects. (Refer Sec 33 of IA 1968) (Enclose Affidavit and permanent Address Proof)		
11	Name, Father Name, Age, Designation and complete address of the person authorized to sign the PC (Documents to show authorization and specimen signature of the authorized person duly attested by the Authority should be enclosed).		
12	Name, Father Name, Age, Designation and complete address of the contact person working for the state including phone no. (Enclose permanent Address Proof)		
13	Furnish details regarding black listing or punishment for violations of the Insecticide Act 1968 & Rule 1971 (Enclose performance certificate issued by the licensing authority based on sample drawn at sale points for the past two years)		
14	Whether the PC in APPENDIX is signed and complete in all aspects? (if so, enclose 35 copies of PC's)		
15	Analysis procedure approved by CIB & RC for the new products or Pesticides which are not having IS.		
16	Agree to supply the Technical /Reference standard as and when required by the Department for testing purpose.		

Seal and Signature of Applicant