

FORM II-B

APPEAL UNDER SECTION 10 OF THE INSECTICIDE ACT, 1968 TO THE CENTRAL GOVERNMENT

[Rule 7]

To
The secretary,
Ministry of Agriculture & Farmers Welfare,
(Department of Agriculture, Cooperation and Farmers Welfare),
New Delhi,

Appeal No _____ of 2000

1. Name and Address of the Applicant _____
2. Address of manufacturing unit: _____
3. Name of the Insecticide _____
4. Date of order appealed against _____
5. Date of communication of the order _____
6. Whether the appeal is within limitation period _____
7. Particulars of the fee deposited _____
8. Relief claimed in appeal _____
9. Address to which notice may be sent to the applicant

*Statement of Facts

*Grounds of Appeal

Signature (Appellant) _____

*(Please give each ground in a separate paragraph and number it).

Signature (Appellant) _____

VERIFICATION

I _____ S/o _____ the appellant, do hereby verify that what is stated above is true to the best of my knowledge and belief:

Date: _____

Place: _____

Signature (Appellant) _____

Note :

The appeal must be preferred in duplicate and must be accompanied by a copy of the order appealed against.

The form of appeal, ground of appeal and the form of verification must be signed in case of an individual by the individual himself or a person duly authorized by him; in case of Hindu undivided family by the karta, in case of a partnership company, by the magazine partner; in case of a company, by a person duly authorized by the Board of Directors and in any other case, by the person incharge or responsible for the conduct of the business.