FORM II
GOVERNMENT OF INDIA
MINISTRY OF AGRICULTURE & FARMERS WELFARE
(Department of Agriculture, Cooperation and Farmers Welfare)
CERTIFICATE OF REGISTRATION OF INSECTICIDES
[Rule 6(4)]

Certified that the insecticide ____________ has been registered in the name of the person/ undertakings whose particulars are specified below:

1. Name of the person/undertaking________________________________

2. Address ______________________________________________________

3. Registration No.________________________________________________

4. Name of the insecticide_________________________________________
   (Brand name or trade name or chemical name of the insecticide, details there of regarding its composition, etc.)

5. Condition if any.________________________________________________

New Delhi, the ___________ 2000

Signature__________________________________
Seal of Department______________________