

Application for Seed and Seedling Shop Licence

Application No

Date

To,

.....Region/State Officer
 Department of Agriculture
Township

Date.....

Subject Application for Seed and Seedling Shop Licence

1. Applicant
 - (a) Name.....
 - (b) NRC No./FRC No.....
 - (c) Shop Name
 - (d) Location.....
 - (e) Education.....
 - (f) Permanent address.....
 - Phone No.....
 - Fax.....
 - E-mail.....
 - (g) Experience.....
2. Desired Seed & Seedling

No.	Crop Name	Variety Name/ Line No.	Organization	Recognition Certificate		Package/ Seedling		
				No	Date of issue	Type	Size	Net weight (Kg)

3. The good quality and registered seeds have to be distributed.
4. Acknowledge that the facts on application and attachments are complete.
 'Attachment'

The original receipt of seed and seedling shop licence fee

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 Signature of Applicant