

# FORM XIV

MONTHLY RETURN OF SALES OF INSECTICIDES MADE TO THE BULK  
CONSUMERS OF THE STATE OF \_\_\_\_\_ FOR THE PERIOD

FROM \_\_\_\_\_ TO \_\_\_\_\_ 20\_\_\_\_\_

[Rule 15]

| Sl. No. | Name of the insecticides with its brand name strength and type of formulation | Manufactured by | Batch No. | Date of expiry | Name of the purchaser with full address | Licence No. of purchaser | Size of pack | No of packs sold |
|---------|---|-----------------|-----------|----------------|---|--------------------------|--------------|------------------|
|         |   |                 |           |                |   |                          |              |                  |
|         |   |                 |           |                |   |                          |              |                  |
|         |   |                 |           |                |   |                          |              |                  |

\* In case of bulk consumer give number and date of the order.

Signature\_\_\_\_\_

## Verification

I \_\_\_\_\_ do hereby verify that what is stated above is true to the best of my knowledge and belief based on information derived from the records. I further declare that I am competent to and verify this statement in my capacity as \_\_\_\_\_ (designation)

Signature\_\_\_\_\_

Name\_\_\_\_\_

Seal\_\_\_\_\_