

**DEPARTMENT OF AGRICULTURE
GOVERNMENT OF MEGHALAYA**

FORM FOR APPLICATION FOR SOIL HEALTH CARD/TESTING OF SOIL SAMPLE

1. Name of the Applicant/Farmer: Shri/Smt
2. Applicant's Permanent Address :
3. District :
4. CD Block :
5. Gram Sevak Circle :
6. Village :
7. Post Office :
8. Applicant's Mobile Number :
(Required for SMS acknowledgement by Lab)
9. Applicant's email address (if any)
10. Date of Collection of Soil Sample:
11. Place of Collection of Soil Sample:
12. Current Crop grown in the plot:
13. Desired crop to be grown in the plot:
14. History of Fertiliser applied for last 3 years : *Please give a Tick ✓ mark at the appropriate box*
Urea SSP MOP DAP FYM BONEMEAL LIME
ANY OTHER
15. Date of Receiving of Soil Sample: (to be filled in by Lab):

Signature of Applicant

Application Form along with soil sample should be submitted to:

Soil Testing Laboratory
Department of Agriculture
District Research Station and Laboratory
East Khasi Hills/Jaintia Hills/West Garo Hills

