

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	Qty.

* 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 _____