Form No.1-A

APPLICATION FOR A LICENSE TO DISTRIBUTE/SELL SILKWORM SEED
(Cross Bread Disease Free Laying)

1.	Name of the applicant	:
2	Educational qualifications	:
3.	Father name	:
4.	SC/ST/BC/Others(Specialy caste)	:
5.	Address	:
6.	Quantity proposed to be handled each time	:
7.	Source of procurement of silk worm seed (CBDFLS)	:
8.	Area of operation	:
9.	Experience in sericulture	:
10.	Is the application for renewal or for issue of fresh license (if for renewal, mention previous license number and date of expire)	:
11.	Amount of license fee remitted with challan number to be enclosed)	:

Place
Date

Signature of the applicant.

For office use:

Remarks of recommending officer:
Date of inspection:
Observations of issuing authority.

Name of issuing authority:

Signature with seal:

Designation:

For use by licensing authority

1. License granted :
2. License renewal : .
3. License rejected. :

PLACE:
Date :

Signature with seal:
Name:
Designation: