

Central Integrated Pest Management Centre
Jammu and Kashmir

APPLICATION FORM FOR PEST AND DISEASE CONTROL

1. Name :
2. Address :
3. Pest and diseases affected area :
4. Survey Number :
5. Ward Number :
6. Description on pest & diseases :

Place :

Dated :

Signature of the Applicant.

FOR OFFICE USE (After site inspection)

1. Name of pests/diseases affected :
2. Total area affected :
3. Name of Pesticide/Fungicides used :
4. Quantity utilized :
5. Total area covered :
6. Name & Designation of the Officer supervised. :
7. Remarks :

Agri. Officer/Agri. Demonstrator/
Agri. Supervisor