

FORM NO. 2

THE ANDHRA PRADESH SILK WORM SEED AND COCOON (CONTROL) RULES 1983
(see rule 4(2))

Application for a licensing for establishment of reeling twisting units and purchase of silkworm cocoons.

1. Name of the applicant :
2. Father's name :
3. SC/ST/BC/Others(Specify caste) :
4. Address : Village Taluk District
5. Educational qualifications :

6. Description of premises in which reeling is proposed to be carried on. :
7. Appliances employed for reeling/twisting :
 - a. Annual consumption (cottage/basin/filature) :
 - b. Annual production :
8. Number of charkas/basins/spindles installed with years. :
9. Cost of equipment and from when purchased :
10. How long has the applicant been engaged in reeling/twisting. :
11. Particulars regarding the volume of business done during the three years prior to the date of application. :

a) Financial inouts:

- i. Out of own funds
- ii. Out of loan with details
- iii. Out of subsidy if any availed
- iv Working capital
 - a. Sanctioned by bank _____
 - b. Own _____

b) Labour employed (daily rate of wages)

- | | | |
|-----------------|------------------------|---------------------------|
| i. Men | <u>SC/ST/BC/Others</u> | <u>Daily rate of wage</u> |
| ii. Women | | |
| iii. Boys/Girls | | |

12. If the applicant is a silkworm rearer himself the approximate quantity of cocoons he produce in the year. :
13. Amount of license fee remitted with challan no. and date (original challan to be enclosed) :

14. In the case of applicant from outside the state license no and date of license already granted by Government concerned.

Place:

Date:

Signature of applicant

For office use

Remarks of the recommending officer

Date:

Place:

Signature

Name:

Designation:

For use of the licensing authority

1. License granted.

2. License rejected.

Signature of the licensing authority

Date:

Name:

Place:

Designation: