

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 :

Agrl. Officer/Agrl. Demonstrator/

Agrl. Supervisor