

MINISTRY OF AGRICULTURE AND FARMERS WELFARE
(Department of Agriculture, Co-operation and Farmers Welfare)

NOTIFICATION

New Delhi, the 5th November, 2015

G.S.R. 840(E).—Whereas the draft rules further to amend the Insecticides Rules, 1971 which the Central Government proposes to make in exercise of the powers conferred by section 36 of the Insecticides Act, 1968 (46 of 1968) was published in the notification of the Government of India in the Ministry of Agriculture (Department of Agriculture and Co-operation) vide number G.S.R.92(E), dated the 13th February, 2015 in the Gazette of India, Extraordinary, Part-II, Section 3, Sub-section (i), dated the 13th February, 2015, inviting objections or suggestions from all persons likely to be affected thereby, before the expiry of the period of forty-five days from the date on which the copies of the Gazette containing the said notification were made to the public;

And whereas, copies of the said Gazette notification were made available to the public on the 13th April, 2015;

And whereas, objections and suggestions were duly considered in respect of the said notification;

Whereas, the Central Government is of the opinion that circumstances have arisen, which render it necessary to make the rules without consultation with the Board;

In terms of proviso to section 36 of the Act, the Board shall be consulted within six months of making of the rules and the Central Government shall take into consideration any suggestions which the Board may make in relation to the amendments of the said rules;

Now, therefore, in exercise of the powers conferred by section 36 of the Insecticides Act, 1968 (46 of 1968), the Central Government, hereby makes the following rules further to amend the Insecticides Rules, 1971, namely:-

1. (1) These rules may be called the Insecticides (Amendment) Rules, 2015.
- (2) They shall come into force on the date of their publication in the official Gazette.
2. In the Insecticides Rules, 1971,-
 - (1) in rule 6, in sub-rule (4) for the words, numbers and letter "Form II or Form IIA", the words and numbers "Form II or Form III" shall be substituted;
 - (2) in rule 7, in sub-rule (1), for the word, number and letter "Form IIB", the word and number "Form IV" shall be substituted;
- (3) in rule 9-
 - (i) in sub-rule (1) -
 - (a) the words "or renewal" and "as the case may be," shall be deleted;
 - (b) for the words and numbers "Form III or Form IV", the word and number "Form V" shall be substituted;
 - (ii) in sub-rule (3) -
 - (a) for the word and number "Form V", the word and number "Form VI" shall be substituted;
 - (b) in clause (i), the words "and any certificate of renewal" shall be deleted;
 - (c) clause (iv) shall be deleted;
 - (iii) after sub-rule (4A), the following sub-rule shall be inserted, namely:-

"(4B) A person who applies for manufacturing licence shall possess or shall employ a person possessing Master's degree in Chemistry with a Doctorate or a graduate degree in Chemical Engineering for manufacture of technical grade pesticides or a graduate degree in Agriculture Science with Chemistry for manufacture of pesticide formulation:

Provided that a person possessing a manufacturing licence on the date of notification of this sub-rule shall be allowed a period of two years to comply with the educational qualification."

(4) in rule 10 -

- (i) in sub rule (1) ,-
 - (a) for the words and numbers "Form VI and Form VII", the word and number "Form VII" shall be substituted;
 - (b) the words "or renewal" and "as the case may be," shall be deleted;
- (ii) after sub-rule (1), the following sub-rule shall be inserted, namely:-

"(1A) A person who applies for the grant of licence to sell, stock or exhibit for sale or distribute insecticides shall possess or shall employ a person possessing a graduate degree in Agricultural Sciences or Biochemistry or Biotechnology or Life Sciences or in Science with Chemistry or Botany or Zoology as the minimum qualification:

Provided that all retailers or dealers possessing a valid licence as on the date of notification of this sub-rule shall be allowed a period of two years to comply with the educational qualifications.”;

- (iii) in sub-rule (2), the words “or renewal” shall be deleted;
- (iv) in sub-rule (3A),-
- (a) in clause (i), for the words, numbers and letters “Form VIA” and “Form VIB”, the word and number “Form VII” shall be substituted;
- (b) in clause (ii), for the word, number and letter “Form VIC”, the word and number “Form VIII” shall be substituted;
- (v) in sub-rule (4A), in clause (i) -
- (a) for the word, number and letter “Form VID”, the word and number “Form IX” shall be substituted;
- (b) the words “or renewal” shall be deleted;
- (vi) after sub-rule (6), the following sub-rule shall be inserted, namely:-
“(7) A certificate shall be submitted by all licencees under rule 9 and rule 10 in Form X to the licensing authority every year. The licensing officer shall conduct inspection of infrastructure, premises, stocks and records at least once every two years.”;
- (5) in rule 10 (A), to sub-rule (a), the following sentence shall be added at the end, namely: -
“A record of all such stocks shall be maintained in Form XI.”;
- (6) in rule 11, -
- (i) for sub-rule (a), the following sub-rule shall be substituted, namely: -
“(a) A licence to manufacture insecticides, if any, issued on the basis of provisional registration granted under sub-section (3B) of section 9, shall expire on the date of expiry of the provisional registration. A licence granted by endorsement on the main licence shall expire along with the main licence.”;
- (ii) in sub-rule (b), -
- (a) after the words “renewal of a licence” the words “in case of pest control operators” shall be inserted;
- (b) in clause (i), the words “to manufacture insecticides or” shall be deleted;
- (c) clause (ii) shall be deleted;
- (7) in rule 15, -
- (i) in sub-rule (2), for the word and number “Form XIII”, the word and number “Form XII” shall be substituted;
- (ii) in sub-rule (3), for the word and number “Form XV” and “Form XVI”, the word and number “Form XIII” and “Form XIV” shall be substituted respectively;
- (iii) in sub-rule (4), for the words, numbers and letters “Form XVA and XVIA”, the words and numbers “Form XV and XVI” shall be substituted;
- (8) in rule 24, in sub-rule (3), for the word and number “Form IX”, the word and number “Form XVII” shall be substituted;
- (9) in rule 30, for the word and number “Form X”, the word and number “Form XVIII” shall be substituted;
- (10) in rule 32, for the word and number “Form XI”, the word and number “Form XIX” shall be substituted;
- (11) in rule 33, for the word and number “Form XII”, the word and number “Form XX” shall be substituted;
- (12) in rule 34,-
- (i) in sub-rule (1), for the word and number “Form XII”, the word and number “Form XX” shall be substituted;
- (ii) in sub-rule (3), for the word and number “Form XIII”, the word and number “Form XXI” shall be substituted;
- (13) in rule 37, in sub-rule (1), for the word and number “Form XVII”, the word and number “Form XXII” shall be substituted;
- (14) for the “THE FIRST SCHEDULE”, the following schedule shall be substituted, namely :-

"THE FIRST SCHEDULE

FORM I**APPLICATION FOR REGISTRATION OF INSECTICIDES**

[See rule 6]

1. (a) Name and address of the applicant:
 - (b) e-mail address:
 - (c) Permanent Account Number (PAN):.
 - (d) Category of Application:

2. The common name of the Insecticides
which the applicant proposes to import or manufacture:

3. Nature of application:
 - (a) import or manufacture:
 - (b) registration under section 9(3)/9(3B)/9(4)
of the Insecticides Act, 1968:
 - (c) name of registered insecticide and registrant,
if equivalence is claimed:
 - (d) specify applicable guidelines:

4. Address of the premises -
 - (a) of manufacture:
 - (b) where imported insecticide shall be converted
into preparation or repacked:

5. In the case of import, please state: -
 - (a) Name and address of the manufacturer:
 - (b) Name, address and e-mail id of the authority which authorised
manufacturing in the country of export:
 - (c) Name and address of the supplier
if he is duly authorised by the manufacturer:
 - (d) Is the insecticide registered in the country
 - (i) of manufacture:
 - (ii) from which supplies are expected to be made:
 - (e) Registration number, manufacturing licence number,
period of validity of certificate of registration and
manufacturing licence in the country of manufacture:

6. In the case of manufacture, please state -
 - (a) whether the insecticide is proposed

- to be manufactured or repacked:
- (b) whether the insecticide is meant for domestic consumption or for export or for both:
7. In the case of formulation, the sources of supply of technical grade material and status of registration
8. Chemical Composition (on per cent basis):
- (a) Name of active ingredient(s):
- (b) Impurities (in case of technical grade insecticide)
- (c) adjuvant (other ingredients, case of formulation):
- (d) Total:
9. (a) Stability in storage:
(provide scientifically generated data as per the protocol approved by the Board)
- (b) Shelf life claim:
(provide shelf-life undertaking)
10. Toxicity of the insecticide to mammals, wild life, aquatic animal:
(provide toxicological data generated at a testing facility as per the guidelines of the Registration Committee)
11. Bio-effectiveness on plant diseases, insects, weeds and other noxious animals against which it is intended to be used:
(provide data generated at a testing facility as per the guidelines of the Registration Committee)
12. Specific instructions for storage and use including first-aid and precautionary measures, which are proposed for labeling:
13. (a) Two copies of proposed specification
(including method of analysis)
for the quality of the insecticide in Bureau of Indian Standard format and its residues along with one soft copy:
- (b) Analytical test report(s) of a sample of insecticide
(applied for registration) from a testing facility:
(provide complete details, graphs, calculations, etc)

- (c) Characterisation of active ingredient in case of technical grade insecticide (using Ultra Violet, Infra Red, Mass and Nuclear Magnetic Resonance spectra)
14. Seven copies of the proposed labels and leaflets (including all printed or graphic matter which will accompany the package containing the insecticide) as per the Insecticide Rules, 1971.
15. Manner of packing:
16. Particulars of fee deposited:

Signature of the applicant
with seal

Verification

I _____ s/d/o _____ do hereby solemnly verify that to the best of my knowledge and belief the information given in the application and the annexure and statements/accompanying it, is correct and complete. I clearly understand that the certificate of registration is liable to be cancelled if any information or data, submitted with the application is found incorrect or false at any stage or any condition of registration granted against this application is violated.

I further declare that I am making this application in my capacity as _____ and that I am competent to make this application and verify it by virtue of _____ a photo/ attested copy of which is enclosed herewith.

Place:

Date:

Signature
with seal

Note : (1) The application form, including the verification portion and Supplementary Information Form, must be signed in case of an individual, by the individual himself or a person duly authorised by him; in case of Hindu Undivided Family, by the karta; in case of a partnership firm, by the managing partner; in case of a company, by a person duly authorised in the behalf by the Board of Directors; and in any other case, by a person incharge of or responsible for the conduct of the business.

(2) One self-addressed stamped envelope and adequate number of stamped envelopes, depending on the states where manufacturing premises is/are located must be enclosed along with the application.

FORM II

Government of India

Ministry of Agriculture and Farmers Welfare

(Department of Agriculture, Co-Operation and Farmers Welfare)

Directorate of Plant Protection, Quarantine and Storage

Central Insecticides Board & Registration Committee

NH-Faridabad-121 001

CERTIFICATE OF PROVISIONAL REGISTRATION OF INSECTICIDES

[See sub-rule (4) of rule 6]

F. No. _____

Certified that the insecticide _____ has been registered provisionally under sub-section (3B) of section 9 of the Insecticides Act, 1968 in the name of the person/undertaking, whose particulars are specified below, for period of two years from the date of issue:

1. Name and address of the person/ undertaking:
2. Certificate of registration No.:
3. Import or manufacture:
4. Domestic use or export or both:
5. Name of the insecticide with complete details:
(Common name and trade name of the insecticide, nominal content and type of formulation, details of composition)
6. Address of the manufacturing premises/place of conversion into preparation or repacking:
7. Source of import -
Name and address of the foreign manufacturer with:
 - (a) Registration number:
 - (b) Manufacturing licence number., date and period of validity, if any:
 - (c) Name and address of the supplier
8. Source of Technical (In case of formulation import / Domestic manufacture):
9. Condition(s) of registration:
Place: Faridabad
Date of issue: The _____, 20

Secretary, Registration Committee
Seal

FORM III

Government of India

Ministry of Agriculture and Farmers Welfare

(Department of Agriculture, Co-Operation and Farmers Welfare)

Directorate of Plant Protection, Quarantine and Storage

Central Insecticides Board & Registration Committee

NH-Faridabad-121 001

CERTIFICATE OF REGISTRATION OF INSECTICIDES

[See sub-rule (4) of rule 6]

F. No. _____

Certified that the insecticide _____ has been registered under section 9 _____ of the Insecticides Act, 1968 in the name of the person/undertaking, whose particulars are specified below:

1. Name and address of the person/ undertaking:
2. Certificate of registration No.:
3. Import or manufacture:
4. Domestic use or export or both:
5. Name of the insecticide with complete details:
(Common name of the insecticide, nominal content
and type of formulation, details of composition)
6. Address of the manufacturing premises/place of
conversion into preparation or repacking:
7. Source of import;
Name and address of the foreign manufacturer with:
- (a) Registration number:
(b) Manufacturing licence number, date and period
of validity, if any:
(c) Name and address of the supplier:
8. Source of Technical (In case of formulation import / Domestic manufacture):
9. Condition(s) of registration:
Place: Faridabad
Date of issue: The _____, 20

Secretary, Registration Committee
Seal

FORM IV**FORM OF APPEAL**

[See rule 7]

To

The Secretary,
Ministry of Agriculture,
(Department of Agriculture and Cooperation),
Krishi Bhawan, New Delhi-110 001.

Appeal No. _____ of 20____ (to be filled by the receiving office)

1. Name and address of the applicant:
2. Name of the insecticide to which this appeal pertains:
3. Date of order appealed against:
4. Date of hosting of minutes of the meeting of Registration Committee (RC)
on official website or communication of the decision of Registration Committee :
5. In view of 3 above, whether the appeal is within the limitation period:
(If not, enclose justification for filing the appeal after the limitation period)
6. Relief claimed in the appeal:
[Enclose complete statement of facts (with supporting documents)
and grounds for appeal, duly signed by the appellant]
7. Address to which notice may be sent to the applicant:
(Also give e-mail id, FAX number and mobile number of the concerned person)
8. Particulars of the fee deposited:

Signature (Appellant)

VERIFICATION

I _____ S/o _____ the appellant, do hereby verify that what is stated above is true to the best of my knowledge and belief:

Date: _____

Place: _____

Signature (Appellant) _____

Note :

The appeal must be preferred in duplicate and must be accompanied by a copy of the order appealed against.

The form of appeal, ground of appeal and the form of verification must be signed in case of an individual by the individual himself or a person duly authorised by him; in case of Hindu Undivided Family by the karta, in case of a partnership company, by the managing partner; in case of a company, by a person duly authorised by the Board of Directors and in any other case, by the person incharge or responsible for the conduct of the business.

FORM V
APPLICATION FOR THE GRANT
OF LICENSE TO MANUFACTURE INSECTICIDES

[See rule 9]

1. Name, address and e-mail address of the applicant:
2. Address of the manufacturing premises:
3. Particulars of the fee deposited:
4. (a) Name of the insecticide and its registration number:
 (enclose copy of certificate of registration of the insecticide duly certified by the applicant)
- (b) Whether the registration is provisional or regular:
 (indicate date of validity in case of provisional registration)
- (c) Details of full time expert staff engaged in the manufacture and testing of the insecticide in the above unit:

Sl.No.	Name and designation	Qualification	Experience

- (d) Whether details of facilities for manufacture of the insecticide, including infrastructure and those mentioned in Chapter VIII of the Insecticides Rules, 1971, have been provided:
 (Enclose complete details in a separate sheet duly signed by the applicant)

Signature of the applicant

VERIFICATION

I _____ s/d/o _____ do hereby solemnly verify that the information given in the application and the annexures and statements accompanying it is correct and complete to the best of my knowledge and belief and that nothing has been concealed. I clearly understand that this license is liable to be cancelled, if any information, or part thereof, is found to be wrong, fake or false at any stage or any condition of license is violated.

I declare that we have adequate space and facilities to stock insecticides, manufactured by us so as to maintain their quality on shelf and shall not supply to any distributor or dealer or person who does not have adequate space and facilities to stock them so as to maintain their quality on shelf under every circumstances.

I further declare that I am making this application in my capacity as _____ and that I am competent to make this application and verify it by virtue of _____ a photo/ attested copy of which is enclosed herewith.

Place:

Date:

Signature with seal

FORM VI

(Letterhead of the Licensing Officer)

LICENCE TO MANUFACTURE INSECTICIDES

[See sub-rule (3) of rule 9]

1. License Number _____

License to manufacture the following insecticide(s) on the premises situated at

(Complete address alongwith PIN Code)

is granted to M/s _____

as specified hereunder:-

Sl. No.	Particulars of the insecticide	Registration Number	Date of grant of licence	Validity of licence

2. The insecticide(s) shall be manufactured under the direction and supervision of the following expert staff:

Name of insecticides and name(s) and designation of the expert staff :

3. The licence is subject to such conditions as may be specified in the rules for the time being in force under the Insecticide Act, 1968 as well as the conditions stated below.

Signature of the Licensing Officer
Seal**CONDITIONS**

1. This licence shall be kept in the premises for which the licence is being issued and shall be produced for inspection as and when required by an Insecticide Inspector, licensing officer or any other officer authorised by the Government in this regard.
2. Any change in the name of the expert staff, named in the licence, shall forthwith be reported to the licensing officer.
3. The licensee shall scrupulously comply with each and every condition of registration of the insecticide, failing which the licence of the insecticide is liable to be cancelled.
4. The licensee shall comply with the provisions of the Insecticides Act, 1968, and the rules made thereunder for the time being in force.
5. The licence also authorises the storage and stocking of insecticide(s) manufactured at the licensed premises, in the factory premises for sale by way of wholesale dealing by the licensee.
6. The licensee shall obtain ISI Mark Certificate from Bureau of Indian Standard within three months of the commencement of the manufacture.
7. No insecticides shall be sold or distributed without ISI Mark certification.
8. Any other condition(s) may be specified by the licensing officer.

Signature of the licensing officer
Seal

FORM-VII**APPLICATION FOR THE GRANT/RENEWAL OF LICENCE TO SELL, STOCK OR EXHIBIT FOR SALE OR DISTRIBUTE INSECTICIDES,****APPLICATION FOR GRANT/RENEWAL OF LICENCE TO STOCK AND USE OF INSECTICIDES FOR COMMERCIAL PEST CONTROL OPERATIONS**

[See sub-rules (1) and (3A) of rule 10]

Photo of
applicant

To

The Licencing Authority,

1. Name, address and e-mail address of the applicant:
2. Whether the application is for
 - (a) Grant of licence to sell/stock/exhibit for sale/distribution of insecticides:
 - (b) Grant/renewal of licence for commercial pest control operations
 - (c) or both:
3. Qualification of the applicant/ the technical personnel under employment of the applicant: (minimum qualification shall be a graduate with degree in Agriculture or Science with Chemistry/Zoology/Botany/Biotechnology/Life Sciences.:
4. Training
 - (a) Name of the training/course:
 - (b) Duration of training course:
 - (c) Certificate awarded, if any:
 (Enclose supporting documents)
5. In case of application for commercial pest control operations,
 - (a) address of registered, zonal and branch offices:
 - (b) address of the premises for which the license is applied for:
 - (c) whether approval of technical expertise obtained:
 - (d) if yes, state reference number of approval, its date and validity:
 - (e) name of restricted insecticides for which approved:
 - (f) name of the responsible technical person:
 - (g) whether any quantity of restricted insecticide in possession as on date of application:
 - (h) if yes, particulars and respective quantity of each in possession:
 - (i) details of safety equipment, antidotes and all other essential facilities:
 (Enclose supporting documents)
6. Name of the insecticide(s) and its/their manufacturer/importer which the applicant intends to deal in and status of the principal(s) certificate:

Sl. No.	Particulars of insecticide	Name of the manufacturer	Registration number	Detailed principal certificate number./date of issue/validity

7. Complete address (including name of the lane, PIN Code, etc.)

of the premises, where the insecticide(s) shall be

- (a) stored/stocked:
- (b) sold or exhibited for sale or issued for use in case of commercial pest control operations:
- (c) whether any of the above premises is situated in residential area:
- (d) whether food articles are also stored in any of the above premises:

8. Full particulars of licence(s), if issued in the name of the applicant

by any other state in the area of their jurisdiction:

9. In case of renewal, please state licence number and date of grant:

10. Particulars of the application fee paid by the applicant:

- (a) Treasury challan/Demand Draft or Pay Order number, date and amount:
- (b) Sub-Treasury, in case of treasury challan:

Any other relevant information:

Signature of the applicant

Declaration

I/we declare that the information given above is correct and true to my/our knowledge and belief, and nothing therein is false or withheld. I clearly understand that if any information is found to be wrong, false or fake or if any information is found to be withheld or any condition of the licence is violated, the licence issued to me is liable to be cancelled.

I also declare that I shall not take possession of any stock without satisfying myself with the quality thereof.

I undertake that we shall forthwith inform any change in the responsible technical person (in case of applications for commercial pest control operations) to the licensing officer.

I further declare that I shall abide by the conditions laid down in the license and failure to do so shall render the license liable to cancellation.

Place:

Date:

Signature of the applicant

FORM VIII**LICENCE TO SELL, STOCK OR EXHIBIT FOR SALE OR DISTRIBUTE INSECTICIDES, INCLUDING STOCK AND USE OF INSECTICIDES FOR COMMERCIAL PEST CONTROL OPERATIONS**

[See sub-rules (3A) and (4) of rule 10]

License number _____

License to sell, stock or exhibit for sale or distribute by retail the following insecticide(s) or carrying out commercial pest control operations on the premises situated at

(Complete address along with PIN Code)

is granted to M/s _____

as specified hereunder:-

Sl. No.	Particulars of the insecticide	Registration number	Date of grant of license

2. The license is subject to the provisions of the Insecticides Act, 1968 and the rules made thereunder for the time being in force as well as the conditions specified below.

Place:

Date:

Signature of the licensing officer
Seal**Conditions****Conditions:**

1. The licence shall be displayed in a conspicuous place in the premises.
2. No insecticide shall be sold or exhibited for sale or distributed or issued for use in commercial pest control operations except in packages approved by the Registration Committee from time to time.
3. If the licensee wants to sell, stock or exhibit for sale or distribute or use for commercial pest control operations any additional insecticide during the validity of the licence, he may apply to the licensing officer for issuance of licence for each such insecticide on payment of the prescribed fee.
4. An application for the renewal of the licence for pest control operation shall be made as laid down in sub-rule (3A) of rule 10 of the Insecticides Rules, 1971.
5. Any other condition(s) – may be specified by the Licensing Officer.

Signature of the licensing officer
Seal

FORM IX

Letterhead of the Manufacturer

PRINCIPAL CERTIFICATE

[See clause (i) of sub-rule (4A) of rule 10]

No. _____

Date: _____

We manufacture the following insecticide(s) as per the details given below:

Sl. No.	Name of the insecticide (Mention trade name, if any, in parenthesis)	Address of the manufacturing premises	Licence number	Date of issue	Valid upto	Name and address of the licensing authority
(1)	(2)	(3)	(4)	(5)	(6)	(7)

2. We hereby authorise M/s _____ to sell, stock or exhibit for sale or distribute following insecticides, manufactured by us, in wholesale or retail in the Taluka/District/State as detailed below:

Sl. No.	Common name of insecticide (Mention trade name, if any, in parenthesis)	Registration number and date of issue	Manufacturing License number and date of issue	Name of Taluka and District
(1)	(2)	(3)	(4)	(5)

3. The above mentioned dealer shall obtain the above-detailed insecticides

(a) directly from us:

(b) from the following distributor(s):

Sl. No.	Name of distributor(s)	Complete address of the distributor (s)	License number and date for distribution of above insecticides	Date of validity of the licence	Complete address of the premises, where the distributor(s) is/are stocking insecticides
(1)	(2)	(3)	(4)	(5)	(6)

4. The Dealer to whom this principal certificate has been issued shall procure above-detailed insecticides from the above mentioned distributor. In the event of procuring these insecticides from any other distributor, this certificate shall become null and void.

5. Before issuing this certificate, we certify that we have inspected and ensured that the above mentioned distributors and dealers have adequate space and facilities to stock above-detailed insecticides so as to maintain their quality on shelf and have obtained an undertaking to the effect that the insecticide(s) shall be stocked accordingly to maintain their quality on shelf under every circumstances.

6. This certificate has been issued to enable the distributor/dealer obtain licence to sell, stock or exhibit for sale or distribute the above-detailed insecticides, including those for stocking and use for commercial pest control operations, and is valid upto _____.

(Date of validity)

Date:

Place:

Signature
with company's seal

To,

Name and address of distributor/dealer.

Copy for information to:

- (i) the licensing officer, _____
- (ii) M/s (the distributor and his address), if the insecticides are to be supplied through distributors)

Signature with company's seal

Form-X

Self Certification by the Manufacturers/Dealers/retailers regarding stocks of insecticides
[See sub-rule (7) of rule 10]

I, _____, son/daughter of _____ licensed to have a manufacturing/ distribution/ retailing unit at _____ hereby certify that I have maintained all the registers in the format prescribed in the Insecticides Rules, 1971 under my signatures.

2. The registers are kept under my secured custody and are open to scrutiny anytime by the Insecticide Inspector, licensing officer or any other officer authorised by the Central or the State Government in this behalf.

Place:

Date:

Signature of the In-charge with seal

FORM XII
REGISTER FOR SALE/DISTRIBUTION OF INSECTICIDES (TECHNICAL AND FORMULATION)
(INCLUDING INSECTICIDES USED IN COMMERCIAL PEST CONTROL OPERATIONS)

(RECORD TO BE MAINTAINED INSECTICIDE-WISE)
[See rule 15]

Particulars of the insecticide:

Registration number:

Month and year:

Sl. No.	Date of receipt of the insecticide	Name of the manufacturer from whom received	Name of supplier/distributor, if any, through whom received	Batch number	Date of manufacture	Date of expiry	Invoice details, number, date and quantity (metric tonnes) vide which supply received	Quantity (metric tonnes)			Bill number (name and address to whom sold/distributed) date and quantity of the quantity sold/distributed	Remarks	
								BF, if any	Received	Sold/Distributed			Balance

Date:
Signature

Company's seal

Verified with the record and found that the above information is correct.

Signature with date and seal of the Insecticide Inspector

FORM XV
[See rule 15]

**MONTHLY RETURN/ STATEMENT OF TECHNICAL GRADE INSECTICIDES IMPORTED/
MANUFACTURED FOR THE PERIOD..... TO**

Serial Number	Name of the insecticide	Batch number	Date of expiry	Details of total quantity* imported/ manufactured	Quantity* utilised for formulations	Quantity* sold Name, address and licence number of purchaser
(1)	(2)	(3)	(4)	(5)	(6)	(7)

*(Quantity in metric tonnes)

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 verify this statement in my capacity as (Designation)

Signature.....
Name.....
Seal.....

FORM XVI
[See rule 15]

MONTHLY/ RETURN/ STATEMENT FOR FORMULATED INSECTICIDES FOR THE PERIOD..... TO
.....

Serial Number	Name of the insecticide formulation	Batch number	Date of expiry	Details of total quantity* of technical grade insecticide used for formulation	Total formulated quantity
(1)	(2)	(3)	(4)	(5)	(6)

*(Quantity in metric tonnes)

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 verify this statement in my capacity as'..... (Designation)

Signature.....
Name.....
Seal.....

FORM XVII

REPORT OF INSECTICIDE ANALYST

[See rule 24]

Sl.No. _____

Part-A Coding Portion*

1. Name of the Insecticides Inspector from whom the sample has been received:
2. Serial number and date of Insecticides Inspector's Memorandum:
3. Particulars of the sample:
 - (a) Name of technical grade insecticide(s) purported to be contained in the sample along with nominal content and type of preparation:
 - (b) Batch number:
 - (c) Date of manufacture:
 - (d) Date of expiry:
4. Number or mark of identification of the sample assigned by the insecticide inspector:
5. Packaging of the sample:
 - (a) whether securely packed, fastened and sealed:
 - (b) whether the seal was on outer cover alone:
 - (c) whether the seal was on the sample alone:
 - (d) whether the seal was on both, outer cover and the sample:
 - (e) whether the seal was intact and unbroken:
 - (f) whether the seal on sample and outer cover (as the case may be) tallied with the specimen seal:
 - (g) describe in general the packaging of the sample in the parcel:
 - (h) whether the sample was found fit for analysis:
6. The above detailed sample was given Laboratory Code Number:

Signature of the Coding Officer
with seal

* To be filled and signed by a notified Insecticide Analyst (Laboratory In-charge) functioning as Coding Officer.

Part-B Analysis Portion

7. Laboratory Code Number for sample:

Sl. No. Test

Requirement

Result

(a) Active ingredient(s):
(enclose graphs, if applicable)

- (b) Other tests:
(i)
(ii)
(iii)
(iv)

8. Protocol(s) of the test(s) applied:

- (a) For active ingredient(s):
(a) if published, Bureau of Indian Standards Number:
(b) if not, method approved by the Registration Committee:

(b) For other tests:

9. Tests/analysis of the sample completed on:

Remarks: 1. In view of the results of the test/analysis of the sample with respect to protocols thereof, the sample is declared as _____.

2. Photocopies of chromatograms/spectra (as applicable as per protocols of test applied) for standard and the sample are attached hereto.

Signature of the Insecticide Analyst
Seal

Verification

I certify that I have analysed /caused to be analysed the aforementioned sample and declare the result of analysis to be as above.

Signed this _____ day of _____, 20_____.

Signature of the Insecticide Analyst
Seal

FORM XVIII

ORDER REQUIRING A PERSON NOT TO DISPOSE OF ANY STOCK IN HIS POSSESSION

[See rule 30]

Whereas, I have reason(s) to believe that the stock of following insecticides, which is in your possession, is being stocked, distributed, sold or exhibited for sale and used in contravention of the provisions of section _____ of Insecticides Act, 1968 and/or _____ of the Insecticides Rules, 1971:-

Sl. No.	Name of the insecticide with complete details	Manufactured by	Batch Number	Date of manufacture and date of expiry	Stock quantity as on date (indicate units also)	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)

I hereby require you under clause (d) of sub-section (1) of section 21 of the Insecticides Act, 1968 to stop the distribution, sales or exhibiting for sale and use of the said stock for a period of _____ days from this _____ day of _____ month of the year 20____.

Insecticide Inspector
Seal

FORM XIX**FORM OF RECEIPT FOR THE SEIZED INSECTICIDES**

[See rule 32]

The stock of the insecticide(s) detailed below has this day _____ of the month _____ of year 20____ been seized by me under the provisions of clause (d) of sub-section (1) of section 21 of the Insecticides Act, 1968, from the premises of M/s _____ situated at _____

Sl. No.	Name of the insecticide with complete details, like purity, type of formulation, etc.	Manufactured by	Batch Number	Date of manufacture and date of expiry	Stock quantity as on date (indicate units also)	Remarks (Mention page/folio number of the stock register)
(1)	(2)	(3)	(4)	(5)	(6)	(7)

I have appended my signatures with date and seal on the page/folio number _____ of the stock register of insecticides and taken a copy thereof for record.

Date:

Insecticide Inspector
Seal

FORM XX**INTIMATION TO PERSON/LICENSEE FROM WHOM SAMPLE IS TAKEN**

[See rule 33]

To

M/s. _____

PIN: _____

I have this _____ day of month _____ year 20____ taken from the premises of _____

(License number _____ dated _____) situated at _____ samples of the insecticide(s)

specified below for the purposes of test or analysis:

1. Common name of the insecticide:
(mention complete details, like type of formulation)
2. Trade name, if any:
3. Manufactured by:
4. Registration number:
5. Marketed by:
6. Distribution Licence Number:
7. Batch number:
8. Date of manufacture:
9. Date of expiry:
10. Stock before sampling:
(Mention units)
11. Quantity of the sample taken:
(Mention units)
12. Stock after sampling:
(Mention units)
13. Folio/page number of stock register:
14. Any other relevant information:

Date: _____

Insecticide Inspector
Seal

1. Signature of witness: _____
(Date, name and address)
2. Signature of witness: _____
(Date, name and address)

Received one sealed portion of sample along with a copy of this Form.

Signature of the person from whom the sample is taken
With date and seal

FORM XXI**MEMORANDUM TO INSECTICIDE ANALYST**

[See rule 34]

From

(Name, complete address and e-mail id of the Insecticide Inspector)

To

The Insecticide Analyst,

PIN:

The portion of sample/container described below is sent herewith for test or analysis under rule 34 of the Insecticides Rules, 1971:

- (a) Common name of the insecticide:
(Mention complete details like nominal content, type of formulation, etc.)
- (b) Batch number:
- (c) Date of manufacture:
- (d) Date of expiry:
- (e) State of packing of the sample:

2. The portion of sample/container has been assigned the number or marked by me with the following mark:

(Give number or the mark here)

3. A copy of this Memorandum along with a copy of Form XX, has been separately dispatched to you by registered post.

Place:

Date:

Insecticide Inspector
Seal

FORM XXII

REGISTER OF PERSONS ENGAGED IN CONNECTION WITH INSECTICIDES
RECORD OF PERIODICAL MEDICAL EXAMINATION
 FOR THE CALENDAR YEAR 20____, QUARTER ENDING _____, 20____

[See rule 37]

Serial number:

I. GENERAL INFORMATION

Name:

Age:

Father's /Husband's name:

Complete address:

Sex: Identification mark:

Date of appointment:

Occupation:----- (Please specify the nature of duty of the past and of the present)

Details of use Personnel Protective Equipments:

1. Past 2. Present

(a) Protective clothing/overalls:

(b) Helmet/hood/hat:

(c) Dust-proof goggles:

(d) Rubber gloves impermeable to liquids:

(e) Respiratory device(s):

(f) Boots:

II. MEDICAL EXAMINATION:**PAST HISTORY**

Illness	Poisoning	Allergy	Exposure to pesticides (Compound)	No. of years/ seasons and days of exposure per year	Remarks, if any
(1)	(2)	(3)	(4)	(5)	(6)

FAMILY HISTORY:

Allergy	Psychological disorders	Hemorrhagic disorders
(1)	(2)	(3)
Infertility/Sterility	Birth defects	Cancer
(4)	(5)	(6)

PERSONAL HISTORY :

Smoking	Alcohol	Other addiction
(1)	(2)	(3)
Marital Status	Nos. of Children -Health status of children & any birth defect, if any	Any other health related complaint
(4)	(5)	(6)

OBSERVATIONS :

Medical examination	Pre-employment examination	End of 1st quarter i.e. after 3 months	After 2nd quarter after 6 months	After 3rd quarter after 9 months	End of year	Remarks
1	2	3	4	5	6	7

1. General Examination :

- (a) Height
 (b) Weight
 (c) Pulse rate

- (d) Blood pressure
- (e) Respiration: rate, rhythm, type
- (f) Anaemia/Pallor
- (g) Oedema
- (h) Jaundice
- (i) Skin condition
- (j) Temperature
- (k) Fatigability
- (l) Sweating
- (m) Sleep
- (n) Urination

2. Gastro Intestinal

- (a) Nausea
- (b) Vomiting
- (c) Appetite
- (d) Taste
- (e) Pain in abdomen
- (f) Bowel movement
- (g) Liver
- (h) Spleen

3. Cardio-respiratory

- (a) Nasal discharge
- (b) Wheeze
- (c) Cough
- (d) Expectoration
- (e) Tightness of chest
- (f) Dyspnoea
- (g) Palpitation
- (h) Heart
- (i) Cyanosis
- (j) Tachycardia/Bradycardia

4. Neuro-muscular

- (a) Headache
- (b) Dizziness
- (c) Irritability
- (d) Twitching
- (e) Tremors
- (f) Convulsions
- (g) Paræsthesia
- (h) Hallucinations
- (i) Unconsciousness
- (j) Superficial reflexes
- (k) Deep reflexes
- (l) Coordination

5. Eye

- (a) Pupil
- (b) Lachrymator
- (c) Double vision
- (d) Blurred vision

6. Psychological

- (a) Temperament
- (b) Judgment
- (c) Nervousness

7. Kidney

Kidney Condition

8. Investigation

- (a) Complete Haemogram : (Hb, TRBC, TLC, DLC, Platelet, Reticulocytes count, ESR)
- (b) Liver Function Tests: (Serum Bilirubin, SAP, SGOT, SGPT, Cholesterol, Total Protein and serum albumin)
- (c) Kidney Function Tests: (Blood urea, Serum creatinine)
- (d) Blood Sugar, HbA1C
- (e) *Serum cholinesterase
- (f)** Blood residue estimation (In case of Organochlorine once in a year)
- (g) Urine - routine & microscopic
- (h) X- ray chest (PA View): Once every year
- (i) Ultrasound whole abdomen: Once every year

* Serum cholinesterage level should be measured in monthly intervals in case of organophosphorus/carbamatic group of insecticides. General remarks of the doctor in the light of the above examination.

** In organochlorine group of insecticides the blood residue estimation should be done once a year.

III. DIAGNOSIS**IV. ADVICE GIVEN TO**

1. The employee
2. The employer:

Signature of the Doctor
with date and seal

V. Acknowledgement to be given by

1. The employee
2. The employer:
3. The Licensing Officer:

VI. Action taken by the employer on Doctor's advice:**VII. Certificate by the Doctor:**

Certified that M/s _____ have completed the action as per my/doctor's advice as given above and consequently the patient has shown improvement/recovered from the ailment.

Signature of the Doctor
with date and seal:

[F. No. 13035/28/2014 PP-I Vol-II]
RAJESH KUMAR SINGH, Jt. Secy.

Note: The principal rules were published in the Gazette of India, Extraordinary, Part II Section 3, sub-section (i) vide number G.S.R. 1650 (E), dated the 19th October, 1971 and subsequently amended vide:-

1. G.S.R. 474(E), dated the 24th July, 1976,
2. G.S.R. 736(E), dated the 9th December, 1977,
3. G.S.R. 1064(E), dated the 7th November, 1988,
4. G.S.R. 533(E), dated the 6th August, 1993,
5. G.S.R. 371(E), dated the 20th May, 1999,
6. G.S.R. 372(E), dated the 20th May, 1999,
7. G.S.R. 548(E), dated the 12th September, 2007,
8. G.S.R. 692(E), dated the 7th November, 2006,
9. G.S.R. 128(E), dated the 26th February, 2009,
10. G.S.R. 174(E), dated the 5th March, 2010,
11. G.S.R. 474 (E), dated the 11th July, 2013 and
12. G.S.R. 797(E), dated the 13th November, 2014.

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