

FORM XIV
(See Rule 15)

Monthly return of sales of insecticides made to the bulk consumers of the State of

For the period from..... to 20.....

Sl. No.	Name of the Insecticides with its Brand name strength and the type of formulation	Manufactured by	Batch No.	Date of Expiry	Name of the purchaser with full address	License No. of Purchaser	Size of pack	No. of pack sold	Quantity

Signature

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

Signature & Seal

Name : _____