

FORM 'A'

(See clause 4)

FORM OF APPLICATION TO OBTAIN DEALER'S LICENCE

To,
The Registering Authority,

Asst. DA (Admin) Uluberia

- 1.(a) Full name and address of the applicant:
Name and postal address: MUNMUN PATRA
Name of the concern KM UDYOG
(b) Place of business(Please give exact address)

(a) For Sale

Jl no :11

Dag no :433

Khatian no :510

Road :NIMAI MONDAL SARANI ROAD

Mouza :Baira Kurchi

Block :UDAYNARAYANPUR

Subdivision :Uluberia

District :Howrah

State :West Bengal

(b) For Storage :

Name :KM UDYOG

Jl no :11

Dag no :433

Khatian no :510

Road :NITAI MONDAL SARANI ROAD

Mouza :Baira Kurchi

Block :UDAYNARAYANPUR

Subdivision :Uluberia

District :Howrah

State :West Bengal

2. Is it a proprietary/partnership/Limited Company/Hindu undivided family concern? Give the Name(s) and address(es) of proprietor/partner/Manager/Karta. Proprietary firm
3. In what capacity the application is being made Proprietor

Place: _____ Dated : ____ / ____ / ____

Signature of Applicant



Government of West Bengal GRIPS 2.0 Acknowledgement Receipt Payment Summary



220120262044407849

GRIPS Payment Detail

GRIPS Payment ID:	220120262044407849	Payment Init. Date:	22/01/2026 11:44:34
Total Amount:	1000	No of GRN:	1
Bank/Gateway:	State Bank of India	Payment Mode:	Debit Card Payment
BRN:	IK0DNUQJ16	BRN Date:	22/01/2026 11:46:09
Payment Status:	Successful	Payment Init. From:	GRIPS Portal

Depositor Details

Depositor's Name: MUNMUN PATRA
Mobile: 9800164719

Payment(GRN) Details

Sl. No.	GRN	Department	Amount (₹)
1	192025260444078505	Agriculture Department	1000
Total			1000

IN WORDS: ONE THOUSAND ONLY.

DISCLAIMER: This is an Acknowledgement Receipt, please refer the respective e-challan from the pages below.

PAID



Govt. of West Bengal
Agriculture Department
GRIPS eChallan



192025260444078505

GRN Details

GRN: 192025260444078505 Payment Mode: Debit Card Payment
GRN Date: 22/01/2026 11:44:34 Bank/Gateway: State Bank of India
BRN : IK0DNUQJ16 BRN Date: 22/01/2026 11:46:09
GRIPS Payment ID: 220120262044407849 Payment Init. Date: 22/01/2026 11:44:34
Payment Status: Successful Payment Ref. No: 1
[REF No]

Depositor Details

Depositor's Name: MUNMUN PATRA
Address: BAIRA KURCHI KURCHI BHIM TALA, West Bengal, 711226
Mobile: 9800164719
Email: munmunpatra71@gmail.com
Contact No: 9800164719
Depositor Status: Depositor
R.E.F. No: 1
Name: MUNMUN PATRA
Address: BAIRA KURCHI, UDAYNARAYANPUR
Period From (dd/mm/yyyy): 22/01/2026
Period To (dd/mm/yyyy): 21/01/2031
Remarks: NEW SEED LICENSE

Payment Details

Sl. No.	Payment Ref No	Head of A/C Description	Head of A/C	Amount (₹)
1	1	Receipts from Seed Farms-Sale Proceeds	0401-00-103-001-17	1000
			Total	1000

IN WORDS: ONE THOUSAND ONLY.

