



UACI CROP SCIENCE PRIVATE LIMITED

20, Park Side Road, Rajeswari Niwas, 3rd Floor, Kolkata - 700026, West Bengal, India
Contact No. (033) 24649581, Email : universal@universalagri.in
Website : www.universalagri.net

APPLICATION FOR DISTRIBUTORSHIP

PART A: Basic Information of Applicant

- Name of the Organization* **GOLAM MORTUJA**
- Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name **VILL-KOARPUR**
PS-ITAHAR
P.O **MARNAI** District **UTTAR DINAJPUR**
State **WEST BENGAL** PIN Code **733128**
- Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperative/ Society Others (Specify) _____
- Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory
GOLAM MORTUJA
- Telephone No:
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 **9064412359** WhatsApp Mobile: +91 **9064412359**
Email ID*: **GM7081857@gmail.com**
- Preferred mode of communication: Email Ph. Whatsapp
- Income Tax Permanent Account No*: **BGAPM3617A**
- Is the applicant registered under GST*: Yes No
- If yes, is the applicant registered under Composite Scheme of GST : Yes / No
- GST No **19BGAPM3617A1Z9**
- Pesticide Licence No* **16601066056208057** Valid Up to* **LI / FE / TIME**
Issued By **64630**
- Micronutrient Licence No* **F01574** Valid Up to* **30 / 06 / 2025**
Issued By **28402013**

Signature and Photograph of Person Authorized to Represent the Applicant



Name* **GOLAM MORTUJA**

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Golam Mortuja
Signature
GOLAM MORTUJA

Date: **28 02 2023**

Proprietor

PART B: BUSINESS BACKGROUND OF APPLICANT

13) Year of Establishment:

14) Number of years for which you are dealing in Pesticides / Micronutrients:

15) Are you a Distributor of any other company dealing in Pesticides*: Yes / No

16) If yes, please share the following details on your business with these companies:

Company Name	Vintage of Relationship (In years)	Key Products Sold Last Year	Approximate Turnover Last Year

17) Are you a Distributor of any other company dealing in Micronutrients*: Yes / No

18) If yes, please share the following details on your business with these companies:

Company Name	Vintage of Relationship (In years)	Key Products Sold Last Year	Approximate Turnover Last Year

19) Details of important markets/ regions in your area:

Name of the Market/ Region	Your approx. turnover from the market/ region	No. of your Retailers at the market/ region	Name of key Retailers
Baliapara	1 Lac	2	1. Nayrul Hoque 2. Ismail Hoque 3.
			1. 2. 3.
			1. 2. 3.

20) Are you involved in any other businesses related to agriculture*? Yes / No

If yes, please share if you are dealing in

Fertilizers as Distributor of _____
 Seeds as Distributor of _____
 Others (specify) _____

21) Are you involved in any other businesses NOT related to agriculture*? Yes / No

If yes, please share broad overview of the nature of business

PART C: MARKET INTELLIGENCE & SALES PLAN

22) For which area do you seek our Distributorship (Area of Operation)*?

Vill - Koyanpur, P.S - Tahur, P.O - Marnai Dist - UTTAR Dinay Pm
Pin - 733128

23) What are the main Crops that are cultivated in this area?

Type	Crop	Approx. Area	Approx. Volume
Field Crops	Paddy	All	2 Lac
Field Crops			
Field Crops			
Vegetables	Potato	2 Area	1 Lac
Vegetables			
Vegetables			
Others			
Others			
Others			

24) Which are the key Herbicides sold in this area?

Molecules	Crops	Key Brands	Approx. Volume
Perilachlor	Paddy	Rifit	2 Lac

25) Which are the key Fungicides sold in this area?

Molecules	Crops	Key Brands	Approx. Volume
Hexaconazole	Paddy	Centaf Plus	1 Lac

26) Which are the key Pesticides sold in this area?

Molecules	Crops	Key Brands	Approx. Volume
Emamectin benzoate	All	Embu2	1 Lac

27) Which are the key Micronutrients/ Crop supplements sold in this area?

Products	Crops	Key Brands	Approx. Volume
Plant vigour enhancer	Chilly	Powsook	1 Lac

28) What is your sales plan for our products in the near future*?

Name of the Product		Quantity	
		Year 1	Year 2
Herbicides	Dawn,	100Ltr	200Ltr
Herbicides	Sangee	50kg	100kg
Fungicides	Hexaplus,	50Ltr	100Ltr
Fungicides			
Pesticides	Strike 550,	50Ltr	100Ltr
Pesticides			
Micronutrients	Desparado	300kg	400kg
Micronutrients			

29) Please share if you have any suggestions to improve business

PART D: FINANCIAL INFORMATION OF APPLICANT

30) Primary Bank Account of Business*:

Name of the Bank PUNJAB NATIONAL BANK
 Name & address of Branch ITAHAR UTTAR DINASPUR WB-733128
 IFSC Code of Branch PUNB0113420
 Account No 1134050012072 Type of Account: Savings/Current/OD

31) Does the applicant have CC/OD facility from any bank**? Yes / No

If Yes, Name of Bank _____
 Name & address of Branch _____
 CC/OD Limit (Approx. in Rs lakhs) _____

32) Security Deposit* of Rs. _____ paid through Cheque No. _____ / RTGS

33) Is the Office/ Shop used by the Distributor, owned by the Distributor**? Yes / No

If Yes, approx. size 12F16F Address: KOYARPUR

34) Is the Godown used by the Distributor, owned by the Distributor**? Yes / No

35) If Yes, approx. size 15F25F Address: KOYARPUR

36) Number of staff employed by the applicant NO

37) Does the applicant own any 2-wheeler? Yes / No

If Yes, Number of such vehicles _____ used for Business / Personal / Both

38) Does the applicant own any 4-wheeler? Yes / No

If Yes, Number of such vehicles _____ used for Business / Personal / Both

39) Brief details of property owned by the applicant*:

Does the applicant own any land parcels? Yes / No

Does the applicant own any house property? Yes / No

Part E: List of Documents to be Provided

Signed, sealed and dated Distributorship Form along with the following mandatory documents	
For Proprietorship	1. Signed copy of ID Proof (Aadhaar Card/ Passport/ Driving License) 2. Signed copy of Address Proof (Aadhaar Card/ Passport) 3. Signed copy of PAN 4. Signed copy of GST Certificate (if applicable) 5. Signed copy of Pesticide License 6. Signed copy of Micronutrient License 7. Statement of primary bank account(s) of business evidencing debit and credit transactions, for the last 3 months
Additional documents for Partnership Firm	8. Signed copy of registered partnership deed 9. Authorization from all partners allowing representative to act and sign on behalf of the firm
Additional documents for Private Limited Company	7. Signed copy of Memorandum and Articles of Association 8. BOD resolution allowing representative to act and sign on behalf of the company

Customer Care

Email ID: uaci.ngp2@gmail.com / customer.care@universalagri.in

Mobile No: +91 7410040857 / 8336929010

PART F: GENERAL TERMS & CONDITIONS OF BUSINESS

Listed below are our general terms and conditions of conducting business

1. The company will designate an Area of Operation for the Distributor at the time of initiating the distributorship. The Distributor is required to restrict his operations to his designated Area of Operation only and should not venture beyond the area designated. However, subsequently, the Distributor can alter his Area of Operation but only after prior discussion with the responsible company official
2. The company will appoint a Sales Officer (SO) to serve the Area of Operation designated to the Distributor. While the SO will be first point of contact for the Distributor and should be able to resolve all queries of the Distributor, the Distributor can at any point contact the senior sales officials of the company responsible for this area. Further, for any queries the Distributor can contact the Head Office of the company by sending email at **customer.care@universalagri.in** or by calling the Customer Care Helpline at **+91 8336929010**
3. In addition to the SO, the company may appoint one or more permanent/ temporary sales team members to serve the area as it deems fit. The sales team members will primarily focus on conducting sales promotional activities in the area and engaging with existing or potential customers. The Distributor will be required to support the local sales team by guiding their sales promotional activities
4. The Distributor can place his orders with the respective SO either verbally or in writing or through any documented communication. A confirmation of the material ordered by the Distributor will be shared with him on his registered mobile via SMS/ Whatsapp at the time the order is entered into the company's CRM solution. In case of any issues, the Distributor is required to contact the SO urgently after receiving the intimation
5. The company will deliver material only against confirmed orders placed by the Distributor with the SO. In case the Distributor ever receives any material not ordered by him, either in terms of quantity, packing sizes, or products, the Distributor is required to inform the company about the discrepancy, within 48 hours of receiving the material by sending email at **customer.care@universalagri.in** In the absence of any such emails or other documented communications, it will be assumed that the material received was as per orders placed
6. The company may deliver material at the location specified by the Distributor through 3rd party transporters either in full or part load. At the point of receiving the material from the transporter, the Distributor will be required to physically inspect the material and check the quantity, weight and condition of material supplied
7. The company will only dispatch material which are in saleable & good condition. So, if any damaged material is ever received by the Distributor, it is likely that the goods got damaged in transit. In such a situation, the Distributor should not accept the material and should urgently inform the respective SO of the company about the damage. If the Distributor accepts the material from the transporter, it should be only under express instruction of the respective SO. Further, the Distributor is required to send email at **customer.care@universalagri.in** on this incident within 48 hours of receiving the material. In the absence of any such emails or other documented communications, it will be assumed that the material received was not damaged in anyway
8. The Distributor may be required to pay to the transporter the freight charges at the point of accepting delivery only after inspection of material. The Distributor may be reimbursed for the freight paid either in part of full either by way of deduction from the bill or through a Credit Note
9. If the Distributor reports to have received any material not ordered by him or any material damaged in transit, and the same is verified by the responsible company official, the company may take back the material in question and may make the appropriate adjustments in its books of accounts
10. The company will send a hardcopy of the invoice along with the material. On receipt of the invoice, Distributor is required to reconcile the quantity, packing size and product mentioned on the invoice with the material received. In case of any discrepancy, the Distributor is required to inform the company about the issue within 48 hours of receiving the material by sending email at **customer.care@universalagri.in** In the absence of any such emails or other documented communications, it will be assumed that the material received is as per invoice
11. The company will issue an official Price List of its products covering the area of operation of the Distributor at the beginning of each season. However, the company may revise the Price List from time to time. The Distributor is required to obtain a copy of this Price List or revisions made thereafter either from the respective SO or by sending an email at **customer.care@universalagri.in** The company will invoice its products only at the prices mentioned on the Price List. The Distributor should not expect any prices other than those mentioned on the Price List unless there is a documented communication of the same issued by the Head Office of the company.
12. The company may from time to time, issue benefit schemes covering the Distributor's area of operation. These benefits are typically linked to prompt payments and bulk sale volumes. The Distributor is required to obtain copies of these schemes from the respective SO or by sending email at **customer.care@universalagri.in** The company will provide these benefits only by following the specific terms and conditions mentioned in the scheme. The Distributor should not expect any benefits other than those mentioned on the scheme unless there is a documented communication of the same issued by the Head Office of the company.
13. The company will only sanction the prices and benefits/ schemes mentioned on documented official communications issued by the Head Office of the company. The company will be under no obligation to accept any claims by the Distributor on prices or benefits/ schemes not mentioned on any official communications issued by the Head Office of the company for the Distributor's area of operation. If the local sales representatives commit any special prices or benefits/ schemes, the Distributor is required to obtain an official communication of the same issued by the Head Office of the company before acting on the basis of such commitments
14. The company will accept payment only through Fund Transfers (RTGS/ NEFT/ IMPS) or crossed cheques drawn on any banks other than cooperative banks. The company will not accept any payments in cash. However, if in any special circumstances, the company agrees to accept payment in cash, the Distributor is required to obtain a Money Receipt of the company for such payments from the company official accepting this payment

15. The Distributor paying through cheque must ensure that the cheque issued by him is honored on the date of the cheque. If the bank on whom the cheque is drawn, dishonors the cheque for reasons related to "Insufficient Funds", then the company will levy a cheque Dishonor charge on the Distributor without prejudicing its right to seek legal recourse for such dishonor
16. The company will provide a standard credit period of 90 days from the date of the invoice. The company may offer Cash Discounts for paying dues within 90 days, the details of which are usually provided in the Price List or Schemes applicable for the period. Dues remaining unpaid above 180 days will be considered as Overdue. The company may levy interest on Overdue payments
17. The company will not accept any Sales Return unless the material supplied were damaged in transit. For returning such damaged materials, the company follows a Sales Return Policy. The Distributor is required to follow the terms of this policy for matters relating to sales return and obtain prior approval from the responsible SO before dispatching material. The company will not provide any credit for material returned in violation to its Sales Return policy
18. The Distributor is required not to enter into any financial transactions with any member of the sales team, either in the form of material or funds. All such transactions will be considered as personal and unsanctioned and the company will not be liable for the outcome of such transactions
19. The Distributor will not handover any material to any member of the sales team without specific written instruction issued by the Head Office of the company
20. The Distributor is required to maintain the integrity of the packaging in which the products are supplied by the company at all times and is required not to tamper with the packets, designs, logos and trademarks of the company in any way. Any unauthorized use of the company's designs, logos and trademarks will be counted as an infringement of the intellectual property rights of the company
21. The Distributor is required to comply with all requirements of GST as applicable to him, related to periodic Returns, Credit Notes and others with respect to its transactions with the company. Further, the Distributor may be required to share with the company, upon request, documents supporting compliance of such requirements of GST
22. The company will share with the Distributor, an Account Statement at the end of every 6 months either on his registered email or through any other preferred mode of communication. However, the Distributor can ask for his updated account statement at any time by sending email at customer.care@universalagri.in or by calling the Customer Care Helpline at **+91 8336929010**
23. The company will share with the Distributor, a Confirmation of Accounts at the end of each financial year either on his registered email or through any other preferred modes of communication. The Distributor is required to review the account statement and reconcile the balance on the statement with the balance in his books of accounts. Upon completion of review, the Distributor will be required to sign and seal on the Confirmation and hand it over to the TSM
24. In addition to these, the company may from time to time issue communications on these and/ or other business policies which may, from the date of such communication, supersede any business practices or policies previously followed by the company including but not limited to the ones mentioned above
25. Disputes, if any, will be subject to the jurisdiction of the courts of Kolkata, West Bengal

I, Golam Mostuja acting on behalf of M/s Golam Mostuja
 (Name of Representative*) (Name of Distributor)

hereby acknowledge that

1. I have read, understood and agreed to all the terms and conditions of business
2. All information provided in this form as well as in the enclosed documents, if any, are provided by me and are true to the best of my knowledge and understanding

Golam Mostuja

(Signature of Representative of Distributor)

Golam Mostuja

(Signature of Distributor)
 GOLAM M.

Date:

Place:

Proprietor

Proprietor

Name of Company Official	Signature of Company Official
<u>Sachin Biswas</u>	<u>[Signature]</u>

For Internal Use

Checklist for Sales Team Member Opening Distributorship

Particulars		Yes	No
Distributorship Form			
1	14 Mandatory fields on Page 1 filled up	<input checked="" type="checkbox"/>	
2	4 Mandatory fields on Page 2 filled up	<input checked="" type="checkbox"/>	
3	2 Mandatory fields on Page 3 filled up	<input checked="" type="checkbox"/>	
4	6 Mandatory fields on Page 4 filled up	<input checked="" type="checkbox"/>	
5	4 Mandatory fields on Page 6 filled up	<input checked="" type="checkbox"/>	
	Signature of representative added on Page 1	<input checked="" type="checkbox"/>	
	Photograph of representative affixed on Page 1	<input checked="" type="checkbox"/>	
	Signature of representative added on Page 6	<input checked="" type="checkbox"/>	
Supporting Documents			
	ID Proof (Aadhaar Card/ Passport/ Driving License)	<input checked="" type="checkbox"/>	
	Name on ID proof tallies with PAN	<input checked="" type="checkbox"/>	
	Signed and stamped	<input checked="" type="checkbox"/>	
	Signed copy of Address Proof (Aadhaar Card/ Passport)	<input checked="" type="checkbox"/>	
	Name on address proof tallies with ID Proof	<input checked="" type="checkbox"/>	
	Address on address proof tallies with PAN / License	<input checked="" type="checkbox"/>	
	Signed and stamped	<input checked="" type="checkbox"/>	
	Signed copy of PAN	<input checked="" type="checkbox"/>	
	Name on PAN tallies with ID proof	<input checked="" type="checkbox"/>	
	Signed and stamped	<input checked="" type="checkbox"/>	
	Signed copy of GST Certificate (if applicable)	<input checked="" type="checkbox"/>	
	Name on Certificate tallies with ID Proof	<input checked="" type="checkbox"/>	
	Signed and stamped	<input checked="" type="checkbox"/>	
	Signed copy of Pesticide License	<input checked="" type="checkbox"/>	
	Name on license tallies with ID Proof	<input checked="" type="checkbox"/>	
	License is valid on the date of form	<input checked="" type="checkbox"/>	
	If not, proof of application for renewal has been collected	<input checked="" type="checkbox"/>	
	Signed and stamped	<input checked="" type="checkbox"/>	
	Signed copy of Pesticide License	<input checked="" type="checkbox"/>	
	Name on license tallies with ID Proof	<input checked="" type="checkbox"/>	
	License is valid on the date of form	<input checked="" type="checkbox"/>	
	If not, proof of application for renewal has been collected	<input checked="" type="checkbox"/>	
	Signed and stamped	<input checked="" type="checkbox"/>	
	Statement of primary bank account(s) of business	<input checked="" type="checkbox"/>	
	Name on account tallies with ID Proof	<input checked="" type="checkbox"/>	
	Period is for last 3 months	<input checked="" type="checkbox"/>	
	Primary bank account of business with significant transactions	<input checked="" type="checkbox"/>	
	Signed and stamped	<input checked="" type="checkbox"/>	
	Blank Cheques	<input checked="" type="checkbox"/>	
	3 cheques	<input checked="" type="checkbox"/>	
	Not of any cooperative banks	<input checked="" type="checkbox"/>	
	Contains valid signature of representative and stamp	<input checked="" type="checkbox"/>	
	Contains no date	<input checked="" type="checkbox"/>	
	Is not crossed	<input checked="" type="checkbox"/>	
	Security Deposit has been collected	<input checked="" type="checkbox"/>	
	Existing Distributor of UACI Seeds & Biotech/ Swarna Seeds	<input type="checkbox"/>	
	Effect on Existing Network	<input type="checkbox"/>	
	Name of the nearest distributors (can be more than 1):		
	Distance from the nearest distributors:		

Proposed Business Volume for this FY (in Rs Lakhs)	10 Lacs
Credit Limit Required (in Rs Lakhs)	3 Lacs

Approved By: (all forms have to be approved by respective GICs)	
Name of Company Official	Signature of Company Official



punjab national bank

इटाहर (उत्तर दिनाजपुर) पश्चिम बंगाल
ITAHAR (Uttar Dinajpur) West Bengal-733128
RTGS/NEFT IFS Code : PUNB0113420

सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES

DDMMYYYY

PAY UACI CROPSCIENCE PRIVATE LIMITED या धारक को OR BEARER

रुपये RUPEES

अदा करें ₹

खात सं.
A/C No. 1134050012078

चालू खाता
Current A/C
1134050012078

N7D7MZ

IGR

Golam Mortuja

GOLAM MORTUJA
Please sign above

639447 733024208

29



punjab national bank

इटाहर (उत्तर दिनाजपुर) पश्चिम बंगाल
ITAHAR (Uttar Dinajpur) West Bengal-733128
RTGS/NEFT IFS Code : PUNB0113420

सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES

DDMMYYYY

PAY UACI CROPSCIENCE PRIVATE LIMITED या धारक को OR BEARER

रुपये RUPEES

अदा करें ₹

खात सं.
A/C No. 1134050012078

चालू खाता
Current A/C
1134050012078

9KW1XA

IGR

Golam Mortuja

GOLAM MORTUJA
Please sign above

639445 733024208

29



punjab national bank

इटाहर (उत्तर दिनाजपुर) पश्चिम बंगाल
ITAHAR (Uttar Dinajpur) West Bengal-733128
RTGS/NEFT IFS Code : PUNB0113420

सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES

DDMMYYYY

PAY UACI CROPSCIENCE PRIVATE LIMITED या धारक को OR BEARER

रुपये RUPEES

अदा करें ₹

खात सं.
A/C No. 1134050012078

चालू खाता
Current A/C
1134050012078

RSIKDQ

IGR

Golam Mortuja

GOLAM MORTUJA
Please sign above

639446 733024208

29

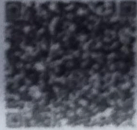
केवल तीन माह के लिये वैध VALID FOR THREE MONTHS ONLY



Government of India
Form GST REG-06
[See Rule 10(1)]

Registration Certificate

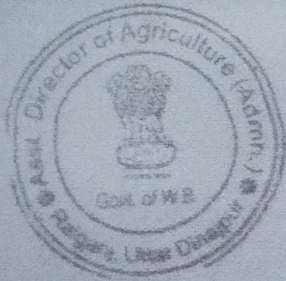
Registration Number : 19BQAPM3617A1Z9

1.	Legal Name	GOLAM MORTUJA			
2.	Trade Name, if any	GOLAM MORTUJA			
3.	Constitution of Business	Proprietorship			
4.	Address of Principal Place of Business	N/A, MARNAI ROAD, VILL-KOARPUR, P.O-MARNAI, North Dinajpur, West Bengal, 733128			
5.	Date of Liability	01/06/2018			
6.	Period of Validity	From	01/06/2018	To	NA
7.	Type of Registration	Regular			
8.	Particulars of Approving Authority	Centre			
Signature		Signature valid Digitally signed by GS GOODS AND SERVICES TAX NETWORK 1 Date: 2018.07.07 15:18:20 IST			
Name		Arindam Sarkar			
Designation		Superintendent			
Jurisdictional Office		RAIGANJ			
9.	Date of issue of Certificate	07/07/2018			
Note: The registration certificate is required to be prominently displayed at all places of business in the State.					

This is a system generated digitally signed Registration Certificate issued based on the approval of application granted on 26/06/2018 by the jurisdictional authority.

Golam Mortuja

Renewal
License No : F01574



FORM 'A 2'
ACKNOWLEDGEMENT

[See Clause 8(3)]

Name of the concern: **GOLAM MORTUJA**

Name of the Applicant: **GOLAM MORTUJA**

Letter of Authorization No. **F01574**

Date of issue: **28/10/2013**

Renewal with effect from **01/07/2020**

Valid Upto: **30/06/2025**

Received from M/s **GOLAM MORTUJA** a complete Memorandum of Intimation alongwith Form O, fee of Rs. 1250 by Reference /GRN bearing number **10** dated **17/06/2020**, as **LOA for Retail Dealer for Subdivision Raiganj**.

2. This acknowledgement shall be deemed to be the letter of authorisation entitling the applicant to carry on the business as applied for, for a period of 5 years from the date of issue of this Memo of Acknowledgement unless suspended or revoked by the competent authority.

Annexure - A

Shop Details :

Jl no : -- , Dag no : 3374 , Khatian no : 1834 , Road : **KOYARPUR** , Mouza : **Koyarpur** , Block : **ITAHAR** , Subdivision : **Raiganj** , District : **Uttar Dinajpur** , State : **West Bengal**

Storage details

(1) Village : **KOYARPUR** , Dag no : 3374 , Khatian no : 1834 , Road : **KOYARPUR** , Mouza : **Koyarpur** , Block : **ITAHAR** , Subdivision : **Raiganj** , District : **Uttar Dinajpur** , State : **West Bengal**

Annexure - B ('O' Form details)

Sl.	Company Name	Form number	Valid Upto	Fertilisers
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Place: Raiganj Dated: 28 JAN 2022

Golam Mortuja

Joint Director of Agriculture (P)
(Signature or Notified Authority)
Uttar Dinajpur.



सत्यमेव जयते
Hindustan
भारत सरकार



आधार

भारत सरकार
Government of India

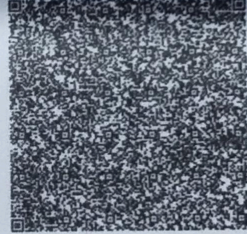
भारतीय विशिष्ट परिचय प्राधिकरण
Unique Identification Authority of India

तलिकाडुक्तिर नम्बर/ Enrolment No.: 0000/00804/98397

To
गोलाम मर्तुजा
Golam Mortuja
C/O Shekh Nokimuddin
Vill Koarpur
Po Marnai
Koarpur
Uttar Dinajpur West Bengal - 733128
9735993121

Signature valid

Digitally signed
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA
Date: 2022.09.02:49:53
UTC



আপনার आधार সংখ্যা / Your Aadhaar No. :

7890 9873 6429
VID : 9146 2545 8147 8928

আমার आधार, আমার পরিচয়



भारत सरकार
Government of India



आधार

Issue Date: 27/07/2017



গোলাম মর্তুজা
Golam Mortuja
জন্মতারিখ/DOB: 05/07/1983
পুরুষ/ MALE


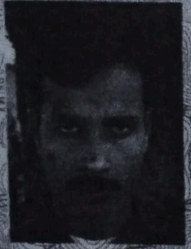
7890 9873 6429

VID : 9146 2545 8147 8928

আমার आधार, আমার পরিচয়

Golam Mortuja

ভারতের নির্বাচন কমিশন
ELECTION COMMISSION OF INDIA
নির্বাচনের সচিব পরিচয় পত্র ELECTOR PHOTO IDENTITY CARD
KSL4198578

নাম : গোলাম মোর্তুজা
Name : GOLEAM MORTUJA
পিতার নাম : শেখ নকিমুদ্দিন
Father's Name : SEKH NOKIMUDDIN

লিঙ্গ/Gender : পুঁ / Male
জন্ম তারিখ / বয়স : 05-07-1980
Date of Birth/ Age :
ঠিকানা : কোয়ারপুর, কোয়ারপুর, ইটাহার, উত্তর দিনাজপুর, 733128
Address : Koyarpur, Koyarpur, ITAHAR, UTTAR
DINAJPUR, 733128

তারিখ/ Date : 14-03-2020 নির্বাচন নিবন্ধন অধিকারিক
Electoral Registration Officer

বিধানসভা নির্বাচনের নং ও নাম : 36-ইটাহার (সাধারণ)
Assembly Constituency No. and Name : 36-Itahar
(GENERAL)
অংশ নং ও নাম : 175-কোয়ারপুর এফ.পি.স্কুল - 1
Part No. and Name : 175-Koyarpur Ef.Pi.School

বিঃ দ্রঃ / Nota

- আপনার কাছে এই কার্ড থাকলে এমন কোন নিশ্চয়তা নেই যে বর্তমান ভোটার তালিকায় আপনার নাম রয়েছে। প্রতিটি নির্বাচনের আগে অনুগ্রহ করে ভোটার তালিকায় নাম যাচাই করুন।
Mere possession of this card is no guarantee that you are elector in the current electoral roll. Please check your name in the current electoral roll before every election.
- এই কার্ডে উল্লিখিত জন্ম তারিখ ভোটার তালিকায় নাম নথিভুক্ত করা বাতিল অন্য কোন কার্ডের জন্য ম্যান্য হবে না।
Date of birth mentioned in this card shall not be treated as a proof of age / D. O. B. for any purpose other than registration in electoral roll.

Goleam Mortuja's

आयकर विभाग
INCOME TAX DEPARTMENT



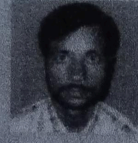
भारत सरकार
GOVT. OF INDIA

GOLAM MORTUJA
LOKIMUDDIN AHAMMAD
05/07/1983

Permanent Account Number

BQAPM3617A

Golam Mortuja
Signature



Golam Mortuja

FORM 'II'

APPLICATION FOR
(1) GRANT OF LICENCE TO SELL, STOCK OR EXHIBIT FOR SALE OR DISTRIBUTE INSECTICIDES
[See sub-rules (1) of rule 10]
(Submit separate application for different licence)



To,
The Licencing Authority,
DDA (Admin) , Uttar Dinajpur

1. Name, address and e-mail address of the applicant:

Name of the applicant: GOLAM MORTUJA

Name of the concern: GOLAM MORTUJA

Communication Address: VILL- KOARPUR, P.O - MARNAI, P.S - ITAHAR, PIN - 733128

Email: gm7081857@gmail.com

Mobile No: 9735993121

Aadhaar number: XXXXXXXX 6429

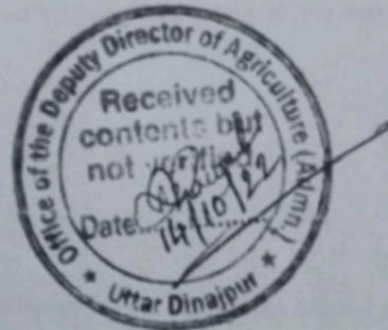
2. Whether the application is for Sell,stock/exhibit for sale/distribution of insecticides

3. Complete address (including name of the lane, PIN Code, etc.) of the premises, where the insecticide(s) shall be:

(a) stored/stocked: Details attached on Annexure - A

(b) sold or exhibited for sale or issued for use

Jl no : 204
Dag no : 3380
Khatian no : 1834
Road : NIL
Mouza : Koyarpur
Block : ITAHAR
Subdivision : Raiganj
District : Uttar Dinajpur
State : West Bengal



Place: _____ Dated : ___/___/___

Signature of Applicant

(c) whether any of the above premises is situated in residential area (undertaking to be submitted):

no

(d) whether food articles are also stored in any of the above premises (undertaking to be submitted):

no

4. a) Qualification of the applicant/ the technical personnel under employment of the applicant:

Name and designation: PRADYUT ROY

Qualification: Graduate with degree in Science with Chemistry/Zoology/Botany

Experience: 36 months

(b) Whether fulfill minimum qualification as per Insecticide rules: Yes

5.

In case of application for cpc,
(Enclose supporting documents)

(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:

6.

In case of licence to sell/stock etc. and for cpc, name of the insecticide(s) and its/their manufacturer/importer which the applicant intends to deal in and status of the principal certificate(s) in the format give below (Please enclose principle certificate(s) as per format Appended):

Annexure-B

7.

Full particulars of licence(s), if issued in the name of the applicant by any other state in the area of their jurisdiction: Not Applicable

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

Place: _____ Dated : ___/___/___

Signature of Applicant

(a) Reference /GRN Number 192022230094920371
 (b) Date 10/08/2022
 (c) Amount 1500

9. Any other relevant information:

Declaration:

(Strike out which is not applicable)

- a) 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.
- b) I declare that we have adequate space and facilities to stock insecticides, so as to maintain their quality on shelf.
- c) I shall not supply insecticide(s) 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. (for application for licence to manufacture)
- d) I also declare that I shall not take possession of any stock without satisfying myself with the quality thereof.
- e) I undertake that we shall forthwith inform any change in the responsible technical person.
- f) I undertake that we shall forthwith inform any change in principle certificate to the licensing officer (not applicable for application for licence to manufacture)
- g) 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 _____, an attested copy of which is enclosed herewith. 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.

I shall show the following documents in original & submit the photocopy of the same along with Application form (II) at the time of inspection.

For Pesticide License (if applicable):

- Consent of expert with self-attested copy of certificate (Eligible qualifications given in user manual)
- Photocopy of current Trade License
- Photocopy of current Tax Receipt (from: BL&LRO/Municipality/Corporation) with NOC / Current rent Receipt with Agreement Deed along with photocopy of Porcha/deed as a proof of ownership/possession.
- Principal Certificate in original
- Receipt of requisite fees in TR Form-7 (in Original)
- Sales return (Applicable for renewal)
- Full particulars of license(s), if issued in the name of the applicant by any other state in area of their jurisdiction.

Annexure - A (Store Locations)

Storage Details :

Name :	GOLAM MORTUJA
Jil no :	204
Dag no :	3380
Khatian no :	1834
Road :	NIL
Mauza :	Koyarpur
Block :	ITAHAR

Place: _____ Dated: ____/____/____

Signature of Applicant

Application No: 1660106605660805764630

Subdivision : Raiganj
District : Uttar Dinajpur
State : West Bengal

Annexure - B (Principal Certificate)

Sl no.	Particulars of the Insecticide	Name of the Manufacturer/Importer	Principle Certificate Number	Detailed principal certificate number /date of issue/validity
1	ALL	ADAMA INDIA PVT. LIMITED	367	28/03/1977
2	ALL	GHARDA CHEMICAL LIMITED	2368	01/12/1983
3	ALL	JU AGRI SCIENCES PVT. LTD	1009	15/10/2009

Place: _____ Dated : ___/___/___

Signature of Applicant

FORM 11

[See rule 58(2)]

Name Of District : **UTTAR DINAJPUR**

Name Of Block : **ITAHAR**

Name Of Gram Panchayat : **MARNAI**

Trade Registration No:- **543**

Trade Registration Date:-**03-Sep-2022**

Trade Registration Certificate issue No:- **2**

Issue Date:-**03-Sep-2022**

Trade Registration Certificate issued for the period of: **2022-2023,2023-2024,2024-2025**

To **GOLAM MORTUJA**

(Name of Prop/partner/Director)

Full Address :

VILLAGE - KOARPUR

PARA - KOARPUR

POLICE STATION - ITAHAR

POST OFFICE - MARNAI

MOUZA - 204

DAG - 3380

PIN NO - 733128

Gram Sansad/ Part No. KOARPUR

Description of Trade : FERTILISER SEEDS PESTICIDES

Gram panchayat acknowledges a sum of **Rs. 150** (Rupees One Hundred and Fifty Only)

From **G MORTUJA & SONS**

(Name of Trade)

Grant of this certificate shall not absolve the applicant from the requirement of procuring all the statutory clearances to be obtained from the appropriate authority before actual commencement of the trade. If any violation/default is noted later is, the certificate shall be liable to be cancelled and the trade/business shall be closed down with immediate effect.

This Certificate Is Electronically Generated

N.B.: Gram Panchayat has every right to cancel or revoke or not allowing renewal of registration at any time

Ref. Application Docket No. NOCQUGQ29492492N
<https://wbprd.gov.in/>