



# 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

- 1) Name of the Organization\* SUMIT KUMAR JAIN
- 2) Full Postal Address for correspondence\*:  
Type of Location: Office  Shop  Godown  Residence   
Street Name NEAR KANKI BUS STAND KANKI  
P.O. KANKI District NORTH DINAJPUR  
State N/B PIN Code 733209
- 3) Nature of the Entity\*: Sole Proprietorship  Partnership  Private Limited Co.   
Cooperative/ Society  Others  (Specify) \_\_\_\_\_
- 4) Name of Representative\*: Proprietor  / Managing Partner  / Director  / Authorised Signatory   
SUMIT KUMAR JAIN
- 5) Telephone No:  
Office /Shop Landline: (STD Code)      
Residence Landline: (STD Code)      
Mobile\*: +91           WhatsApp Mobile: +91 9163333121  
Email ID\*: JAIN.SUMIT@GMAIL.COM
- 6) Preferred mode of communication: Email  Ph.  Whatsapp
- 7) Income Tax Permanent Account No\*: ALDPJ48479
- 8) Is the applicant registered under GST\*: Yes  / No
- 9) If yes, is the applicant registered under Composite Scheme of GST : Yes  / No
- 10) GST No 19ALDPJ484791ZD
- 11) Pesticide Licence No\* P02470 Valid Up to\* LI / FE / TIME  
Issued By GOVT OF N/B
- 12) Micronutrient Licence No\* F15456 Valid Up to\* RE / NE / NAL  
Issued By DD

### Signature and Photograph of Person Authorized to Represent the Applicant



Name\* SUMIT KUMAR JAIN

Gender\*: Male  Female

Relationship with applicant\*: Owner  Partner  Director  Others

Sumit Kumar Jain  
Signature\*

Date: 11/02/2028

**PART B: BUSINESS BACKGROUND OF APPLICANT**

13) Year of Establishment: 2000

14) Number of years for which you are dealing in Pesticides / Micronutrients: 2000

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: 4001A

| Name of the Market/ Region | Your approx. turnover from the market/ region | No. of your Retailers at the market/ region | Name of key Retailers |
|----------------------------|---|---|-----------------------|
| <u>KADAKI</u>              |   |   | 1.<br>2.<br>3.        |
|                            |   |   | 1.<br>2.<br>3.        |
|                            |   |   | 1.<br>2.<br>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)\*?

Karuki

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

| Type        | Crop | Approx. Area | Approx. Volume |
|-------------|------|--------------|----------------|
| Field Crops |      |              |                |
| Field Crops |      |              |                |
| Field Crops |      |              |                |
| Vegetables  |      |              |                |
| Vegetables  |      |              |                |
| Vegetables  |      |              |                |
| Others      |      |              |                |
| Others      |      |              |                |
| Others      |      |              |                |

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

| Molecules | Crops | Key Brands | Approx. Volume |
|-----------|-------|------------|----------------|
|           |       |            |                |
|           |       |            |                |
|           |       |            |                |

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

| Molecules | Crops | Key Brands | Approx. Volume |
|-----------|-------|------------|----------------|
|           |       |            |                |
|           |       |            |                |
|           |       |            |                |

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

| Molecules | Crops | Key Brands | Approx. Volume |
|-----------|-------|------------|----------------|
|           |       |            |                |
|           |       |            |                |
|           |       |            |                |

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

| Products | Crops | Key Brands | Approx. Volume |
|----------|-------|------------|----------------|
|          |       |            |                |
|          |       |            |                |
|          |       |            |                |

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

| Name of the Product |            | Quantity |        |
|---------------------|------------|----------|--------|
|                     |            | Year 1   | Year 2 |
| Herbicides          | owile      | 150      | 150    |
| Herbicides          |            |          |        |
| Fungicides          | SPW        | 150      | 200    |
| Fungicides          |            |          |        |
| Pesticides          | Sixie      | 750      | 1000   |
| Pesticides          |            |          |        |
| Micronutrients      | BRIXY GOLD | 300      | 650    |
| Micronutrients      | CHAKACHAK  | 250      | 250    |

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

Assure Regularity of materials supply

**PART D: FINANCIAL INFORMATION OF APPLICANT**

30) Primary Bank Account of Business\*:

Name of the Bank PNB  
 Name & address of Branch KANKI  
 IFSC Code of Branch PUNB0492900  
 Account No 4920002100001518 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. 1000/- paid through  Cheque No. \_\_\_\_\_ / RTGS

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

If Yes, approx. size 500sqft Address: KANKI

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

35) If Yes, approx. size 2000sqft Address: \_\_\_\_\_ XO

36) Number of staff employed by the applicant TWO

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

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

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

If Yes, Number of such vehicles ONE 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)<br>2. Signed copy of Address Proof (Aadhaar Card/ Passport)<br>3. Signed copy of PAN<br>4. Signed copy of GST Certificate (if applicable)<br>5. Signed copy of Pesticide License<br>6. Signed copy of Micronutrient License<br>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<br>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<br>8. BOD resolution allowing representative to act and sign on behalf of the company  |

**Customer Care**

Email ID: [uaci.ngp2@gmail.com](mailto:uaci.ngp2@gmail.com) / [customer.care@universalagri.in](mailto: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 or 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](mailto: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, Sumit Kumar Jain acting on behalf of Sumit Kumar Jain  
 (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

M/S SUMIT KUMAR JAIN

Sumit Kumar Jain  
 Proprietor

✓ Sumit Kumar Jain  
 (Signature of Representative of Distributor\*)

(Stamp of Distributor\*)

Date:

Place:

| Name of Company Official | Signature of Company Official |
|--------------------------|-------------------------------|
| <u>Subrata Ghosh.</u>    | <u>Ghosh</u>                  |

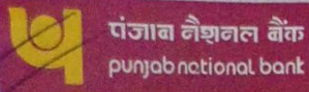
## For Internal Use

### Checklist for Sales Team Member Opening Distributorship

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

|  |          |
|--|----------|
| Proposed Business Volume for this FY (in Rs Lakhs) | 20 LAKHS |
| Credit Limit Required (in Rs Lakhs)                | 08 LAKHS |

|  |                               |
|--|-------------------------------|
| <b>Approved By:</b> (all forms have to be approved by respective GICs) |                               |
| Name of Company Official   | Signature of Company Official |
|  |                               |



पंजाब नैशनल बैंक  
punjab national bank

कान्की (उत्तर दिनाजपुर) प.ब.  
KANKI (Uttar Dinajpur) WB - 733209  
RTGS/NEFT IFS Code : PUNB0492900

सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES

DDMMYYYY

PAY UACI CROP SCIENCE PRIVATE LIMITED या धारक को OR BEARER

रूपये RUPEES

अदा करें ₹

खाता सं०  
A/c. No. **4929002100001518**

चालू खाता  
CURRENT A/c

**4929002100001518**

M/S SUMIT KUMAR JAIN  
*Sumit Kumar Jain*  
Proprietor

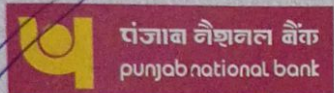
SUMIT KUMAR JAIN  
Please sign above

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HXX

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पंजाब नैशनल बैंक  
punjab national bank

कान्की (उत्तर दिनाजपुर) प.ब.  
KANKI (Uttar Dinajpur) WB - 733209  
RTGS/NEFT IFS Code : PUNB0492900

सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES

DDMMYYYY

PAY UACI CROP SCIENCE PRIVATE LIMITED या धारक को OR BEARER

रूपये RUPEES

अदा करें ₹

खाता सं०  
A/c. No. **4929002100001518**

चालू खाता  
CURRENT A/c

**4929002100001518**

M/S SUMIT KUMAR JAIN  
*Sumit Kumar Jain*  
Proprietor

SUMIT KUMAR JAIN  
Please sign above

DR7JJ0

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पंजाब नैशनल बैंक  
punjab national bank

कान्की (उत्तर दिनाजपुर) प.ब.  
KANKI (Uttar Dinajpur) WB - 733209  
RTGS/NEFT IFS Code : PUNB0492900

सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES

DDMMYYYY

PAY UACI CROP SCIENCE PRIVATE LTD या धारक को OR BEARER

रूपये RUPEES

अदा करें ₹

खाता सं०  
A/c. No. **4929002100001518**

चालू खाता  
CURRENT A/c

**4929002100001518**

M/S SUMIT KUMAR JAIN  
*Sumit Kumar Jain*  
Proprietor

SUMIT KUMAR JAIN  
Please sign above

2209TM

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सत्यमेव जयते

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

Registration Certificate

Registration Number : 19ALDPJ4847Q1ZD

|  |  |   |  |    |    |
|--|--|---|--|----|----|
| 1.   | Legal Name                             | SUMIT KUMAR JAIN  |  |    |    |
| 2.   | Trade Name, if any                     | M/s Sumit Kumar Jain  |  |    |    |
| 3.   | Constitution of Business               | Proprietorship  |  |    |    |
| 4.   | Address of Principal Place of Business | Near Kanki Bus Stand, Nayanagar, , Kanki, Kanki, North Dinajpur, West Bengal, 733209                            |  |    |    |
| 5.   | Date of Liability                      | 01/07/2017  |  |    |    |
| 6.   | Period of Validity                     | From  | 13/07/2017   | To | NA |
| 7.   | Type of Registration                   | Regular   |  |    |    |
| 8.   | Particulars of Approving Authority     |   |  |    |    |
| Signature  |  | Validity unknown<br>Digitally signed by DS GOODS<br>AND SERVICES TAX NETWORK 1<br>Date: 2018.07.07 09:27:18 IST |  |    |    |
| Name   |  |   |  |    |    |
| Designation  |  |   |  |    |    |
| Jurisdictional Office  |  |   |  |    |    |
| 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 deemed approval of application on 13/07/2017 .



|                    |                      |
|--------------------|----------------------|
| GSTIN              | 19ALDPJ4847Q1ZD      |
| Legal Name         | SUMIT KUMAR JAIN     |
| Trade Name, if any | M/s Sumit Kumar Jain |

**Details of Additional Places of Business**

Total Number of Additional Places of Business in the State 0



GSTIN 19ALDPJ4847Q1ZD  
Legal Name SUMIT KUMAR JAIN  
Trade Name, if any M/s Sumit Kumar Jain

**Details of Proprietor**

1



Name SUMIT KUMAR JAIN  
Designation/Status Proprietor  
Resident of State West Bengal



**FORM 'A 2'**  
**ACKNOWLEDGEMENT**  
[See Clause 8(3)]

Name of the concern: **M/S SUMIT KUMAR JAIN**  
Letter of Authorization No. **F15456**  
Date of Issue: **30/07/2004**  
Renewal with effect from **01/04/2019**

**Valid Upto: 31/03/2022**

Received from M/s **M/S SUMIT KUMAR JAIN** a complete Memorandum of Intimation alongwith Form O, fee of Rs. 1250 by Challan bearing number **3** dated **26/03/2019**, as **LOA for Retail Dealer for Subdivision : Islampur**.

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 3 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 : 29 , Dag no : 111/116 , Khatian no : 107 , Road : NAYANAGAR ROAD , Mouza : Nayanagar , Block : GOALPOKHER - II , Subdivision : Islampur , District : Uttar Dinajpur , State : West Bengal**

**Storage details**

**( 1 ) Village : 29 , Dag no : 11/116 , Khatian no : 107 , Road : KANKI , Mouza : Nayanagar , Block : GOALPOKHER - II , Subdivision : Islampur , District : Uttar Dinajpur , State : West Bengal**

**Annexure - B ('O' Form details)**

| Sl. | Company Name | Form number | Valid Upto | Fertilisers |
|-----|--------------|-------------|------------|-------------|
|-----|--------------|-------------|------------|-------------|

Place: \_\_\_\_\_ Dated : \_\_\_\_\_

*(Signature)*  
**(Signature of Notified Authority)**  
Assistant Director of Agriculture  
Islampur Sub-Division  
P.O. Islampur, U/Dinajpur



**FORM III**

**Govt. of West Bengal  
Dept of Agriculture**

**office of the DDA (Admin) Uttar Dinajpur**

**LICENCE TO SELL, STOCK OR EXHIBIT FOR SALE OR DISTRIBUTE INSECTICIDES**  
[See sub-rules (4) of rule 10]

1. License Number P02470 Digitized License for INS/UD/GPR-II/N/537  
License to **Sell, stock/exhibit for sale/distribution of insecticides** for District : **Uttar Dinajpur** in the premises situated at **Annexure - A**

is granted to -

**M/s M/S SUMIT KUMAR JAIN**

Shop Address :

**JI no : 29 , Dag no : 83 , Khatian no : 107 , Road : KANKI ROAD , Mouza : Nayanagar ,  
Block : GOALPOKHER - II , Subdivision : Islampur , District : Uttar Dinajpur , State : West Bengal**

Email : **jain.sumit47@gmail.com**

Mobile no : **9932267906**

as specified here under:— **Annexure - B**

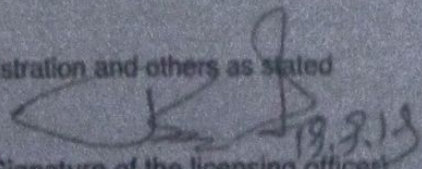
2. The insecticide(s) shall be **Sell, stock/exhibit for sale/distribution of insecticides** under the direction and supervision of the following expert staff.

(a) For **Sell, stock/exhibit for sale/distribution of insecticides** :  
**M/S SUMIT KUMAR JAIN ( Graduate with degree in Agriculture )**

3. The licence is subject to such conditions as may be specified in the rules for the time being in force under the Insecticides

Act, 1968 as well as the conditions on the certificate of registration and others as stated below.

Place **Karsonpur** Dated **19.9.19**

  
(Signature of the licensing officer)  
Deputy Director of Agriculture (Admin)  
Uttar Dinajpur, Raiganj at Karsonpur



ভারত সরকার  
Government of India



সুমিত কুমার জৈন  
Sumit Kumar Jain  
পিতা : সোহাল লাল জৈন  
Father : Sohal Lal Jain  
জন্মতারিখ / DOB : 10/00/1985  
পুরুষ / Male



6750 2480 9201

আধার - সাধারণ মানুষের অধিকার

*Sumit Kumar Jain*


आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

SUMIT KUMAR JAIN  
SOHAN LAL JAIN  
10/06/1985

Permanent Account Number  
ALDPJ4847Q  
Sumit Kumar Jain

Signature



01/01/2009

Sumit Kumar Jain