

Cost of Application form: **Rs. 200/-**

1. (a) APPLICATION FOR REGISTRATION (first time)

“ALL FIELDS ARE MANDATORY”

**NATIONAL SEEDS CORPORATION LIMITED
(A Government of India Undertaking)
Beej Bhawan, Pusa, New Delhi 110 012.**

**APPLICATION FOR REGISTRATION UNDER THE NEW POLICY ON
SEED DEVELOPMENT OF THE GOVERNMENT OF INDIA
(Ref. No. 11-71/88-SD-1 dated 16-09-1988)**

- i) To be submitted to the Export/Import Section, NSC at the above address
- ii) Valid for one month from the date of issue

Date of issue: _____

Sl. No. _____

Sl. No.	Particulars	
1.	Name of the Company	
	Complete postal address of Registered Office:	
	Head Office:	
	Telephone No.	
	Fax No.	
	Grams:	
	E-mail ID:	
	Website:	

2. Status of the Company/Firm

- i) Public/Private Company _____
- ii) Partnership _____
- iii) Proprietorship _____
- iv) Hindu Undivided Family _____
- v) Paid up Share Capital Rs. _____
- vi) Turnover on seeds Rs. _____
- vii) Income Tax paid for the last complete year Rs. _____
- viii) Any other details
(Enclose a copy of the Articles & Memorandum of Association)

3. Particulars of statutory Registration of the business enterprise/firm:

- a) Registration No. / Date _____
- b) Name & Address of Registration Authority _____
- c) Date/Month/Year of commencement of business: _____

4. Details of certified/labeled quality seed production in the past three years:

(Quantity in Kgs)

Sl. No.	Crop	Variety / Hybrid	Year-1	Year-2	Year-3

5. Details of seed imports, if any, handled in the past three years: (Imports in Kgs)

Sl. No.	Crop	Variety/ Hybrid	From which Country	Year-1	Year-2	Year-3

6. Details of seed exports, if any, handled in the past three years: (Exports in Kgs)

Item	To whom	Year-1	Year-2	Year-3

7. Particulars of seed imports planned now:

Country	Firm/Company	Crop	Variety/ Hybrid	Quantity (in Kgs)

8. Facilities available for seed production/processing:

Permanent

b) Nature -----

b) Location _____

Temporary

a) Nature _____

b) Location _____

9. Particulars of Registration/Enrolement/Membership with other Associations / Departments:

Sl. No.	Name/Address of the Associaion /Departments	Type of Registration

10. Details of R & D facilities available

a) Number, Qualification & experience of professional(s) available (attach list)

b) Equipment, research farm etc., (attach list)

11. Particulars of payment:

DD No. _____ date _____ for Rs. _____

Name of Bank _____ Place _____

We do hereby certify that all the above particulars are true, correct and complete.

Signature of applicant

Name

(affix rubber stamp of the Company)

Date:

Place:

(Use separate sheets for explanatory notes wherever necessary)