

State Medicinal Plants Board, Himachal Pradesh, Shimla

APPLICATION FOR GRANT OF CERTIFICATE OF REGISTRATION/ RENEWAL AS MEDICINAL PLANTS COLLECTOR(S)/ FARMER(S)/ TRADER(S)

1.
 - a) Name of the applicant(s)/ contact person :
(in block letters)
 - b) Status (individual/ firm/ company/ society/ association/ contractor/ Govt. undertaking)
 - c) Date of establishment/ engagement in the Field of medicinal plants (trader enclose profile, if any)
 - d) Fresh or renewal :
(if renewal, give previous year's certificate)
 - e) Amount and details of fee remitted :
(Rs.50 for fresh registration and Rs. 25 for Renewal every year)
 - f) If already registered, furnish details with the name of the State and agency GO or NGO attach copy of registration)

2.
 - a) Address in full of the place(s) of storage/ shop/ processing plant/ unit(s) etc., if any
 - b) Telephone, Fax and E-mail number(s)

3. Whether (A) Collector; (B) Farmer; (C) Trader :
(mention specifically)

A. COLLECTOR(S)

4. Items of medicinal plants/parts/products collected :
(furnish details including approx. quantity collected in following table)

| Sr. No. | Name of herb(s) | Botanical name | Area of collection with Distt./Forest Div. | Approx. quantity (Kg.) |
|---------|-----------------|----------------|--|------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

5. Are you an authorised collector of medicinal plants? :
(with permission of Govt. or other authorised body)

6. Years during which the application was in possession :
of Board's certificate of registration
(for renewal only)

7. Whether collected product supplied under some brand:
name(s)/trade mark(s)

8. Medicinal plants material collected and supplied i.e. :
raw/semi processed or processed during last 03 years

| Sr. No. | Year | Name of species collected | Area from where collected | Approx. quantity | To whom supplied (kg.) |
|---------|--------------|---------------------------|---------------------------|------------------|------------------------|
| 1 | 20__ to 20__ | | | | |
| 2 | 20__ to 20__ | | | | |
| 3 | 20__ to 20__ | | | | |

B. FARMER(s):

9. Details of Land:

- i) Location (giving name of State/District/Tehsil/Village:
/Khasra no. etc.)
ii) Status & title of land, whether on lease or free hold :
(attach a copy of ownership/land registration)
iii) Area (in acre)

10. Medicinal plants cultivated; furnish list with details:

| Sr. No. | Common name of plant | Botanical name with plant part/product | Area under cultivation (acre) |
|---------|----------------------|--|-------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

C. TRADERS:

- i) Sources of purchase/collection: (from wild or cultivated)
ii) State areas where items supplied in last three years :

| Sr. No. | Year | Name of species | State | Approx. quantity (qtl.) | Value (Rs.) |
|---------|--------------|-----------------|-------|-------------------------|-------------|
| 1. | 20__ to 20__ | | | | |
| 2. | 20__ to 20__ | | | | |
| 3. | 20__ to 20__ | | | | |

DECLARATION

I/We, declare that the information given above are true to the best of my knowledge and belief and that I/We shall abide by the Board Rules, the condition laid down in the certificate and any instruction (s) given by the Board from time to time regarding the conducting of business.

(Signature of the Applicant(s))
with seal.

Place:
Date: