	App	lication for Fru	it and Vegetable	e Grower Regis	tration	
	Office use onl	y:	Registration No:			
	District:					
1.	Farm owner n	ame and address				
	Contact detail	S				
2.	Farm extent					
3.	Crop details					
Cr	op	Cultivated Extent	Crop establishment date	Harvesting ending date	Harvest per Week (kg)	
4.	Currently obser	ved pest and disease	es in the field (if an	y)		
5.	Pesticide usage	details				
Cr	Crop Pesti		icides used	No. of ap	No. of applications	

6. Details of pest and disease management practices in the farm					
	Insect management				
Fruit Fly/Melon Fly					
Leaf Miner					
Thrips					
	Disease management				
Fungi					
D					
Bacteria					
Virus					
VIIUS					
7. People and institutions w	ho provide technical assistance for the farm				

8. Do you direct export	8. Do you direct export your harvested yield?						
Yes		1	No				
9. Do you supply your fi	ruits/vegetables	to other ins	stitutions?	-			
Yes	-		No				
If so; Details of the institu	ıtions			<u> </u>			
Fruit / Vegetable	Supplyir	ng institutio	n l	Address			
Tiun / Vegetable	Зирргуп	ig institutio)11 	Audress	Address		
10. Do you have a fruit ar	nd vegetable pac	king unit?					
Yes			No				
11. Details of the packing	unit						
Location:							
Extent:							
Staff details:							
Facilities available (eg. Cool room)							

12. 0	Other information :						
	12. Other information.						
13. I	Please attach following documents						
(i)	Plan of the farm						
(ii)	Road map from the main city to	the farm					
14. F	Farmer/Grower Name :						
Sign	ature:						
Date							
15 (Officer recommendation :						
13. (Sincer recommendation.						
Offi	cer Name :						
	nature :						
Date							
Date	•						