

Form-X**Self Certification by the Manufacturers/Dealers/retailers regarding stocks of insecticides**
[See sub-rule (7) of rule 10]

1. _____ son/daughter of _____ licensed to have a manufacturing/ distribution/ retailing unit at _____ hereby certify that I have maintained all the registers in the format prescribed in the Insecticides Rules, 1971 under my signatures.
2. The registers are kept under my secured custody and are open to scrutiny anytime by the Insecticide Inspector, licensing officer or any other officer authorised by the Central or the State Government in this behalf.

Place:

Date:

Signature of the In-charge with seal

FORM XI**REGISTER OF DATE EXPIRED PESTICIDES**

[See sub-rules (a) and (b) of rule 10A]

Sl. No.	Name of insecticide (if formulation, details thereof)	Batch number	Date of manufacture	Date of expiry	Name of manufacturer	Stocks received from and to the quantity received (give unit details)	Invoice number and date and date to which received	Quantity sold (give unit details)	Quantity balance (Give unit details)	How was the balance quantity disposed of?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

Signature of the dealer
with date and seal

Verified with the record and found that the above information is correct.

Place:

Date:

Signature of the Insecticide Inspector

(seal)

FORM XII
REGISTER FOR SALE/DISTRIBUTION OF INSECTICIDES (TECHNICAL AND FORMULATION)
(INCLUDING INSECTICIDES USED IN COMMERCIAL PEST CONTROL OPERATIONS)

(RECORD TO BE MAINTAINED INSECTICIDE-WISE)

[See rule 15]

Particulars of the insecticide:

Registration number:

Month and year:

Sl. No.	Date of receipt of the insecticide	Name of the manufacturer from whom received	Name of supplier/distributor, if any, through whom received	Batch number	Date of manufacture	Date of expiry	Invoice details, number, date and quantity (metric tonnes) vide which supply received	Quantity (metric tonnes)			Bill number (name and address to whom sold/distributed) date and quantity of the quantity sold/distributed	Remarks	
								Received	Sold/Distributed	Balance			

Date:
Signature

Verified with the record and found that the above information is correct.

Signature with date and seal of the Insecticide Inspector

Company's seal

FORM XV
[See rule 15]MONTHLY RETURN/ STATEMENT OF TECHNICAL GRADE INSECTICIDES IMPORTED/
MANUFACTURED FOR THE PERIOD..... TO

Serial Number	Name of the insecticide	Batch number	Date of expiry	Details of total quantity* imported/ manufactured	Quantity* utilised for formulations	Quantity* sold Name, address and licence number of purchaser
(1)	(2)	(3)	(4)	(5)	(6)	(7)

*(Quantity in metric tonnes)

VERIFICATION

I..... do hereby verify that what is stated above is true to the best of my knowledge and belief based on information derived from the records. I further declare that I am competent to verify this statement in my capacity as (Designation)

Signature.....
Name.....
Seal.....

FORM XVI
[See rule 15]MONTHLY/ RETURN/ STATEMENT FOR FORMULATED INSECTICIDES FOR THE PERIOD..... TO
.....

Serial Number	Name of the insecticide formulation	Batch number	Date of expiry	Details of total quantity* of technical grade insecticide used for formulation	Total formulated quantity
(1)	(2)	(3)	(4)	(5)	(6)

*(Quantity in metric tonnes)

VERIFICATION

I..... do hereby verify that what is stated above is true to the best of my knowledge and belief based on information derived from the records. I further declare that I am competent to verify this statement in my capacity as (Designation)

Signature.....
Name.....
Seal.....

FORM XVII**REPORT OF INSECTICIDE ANALYST**
[See rule 24]

Sl.No. _____

Part-A Coding Portion*

1. Name of the Insecticides Inspector from whom the sample has been received:
2. Serial number and date of Insecticides Inspector's Memorandum:
3. Particulars of the sample:
 - (a) Name of technical grade insecticide(s) purported to be contained in the sample along with nominal content and type of preparation:
 - (b) Batch number:
 - (c) Date of manufacture:
 - (d) Date of expiry:
4. Number or mark of identification of the sample assigned by the insecticide inspector:
5. Packaging of the sample:
 - (a) whether securely packed, fastened, and sealed:
 - (b) whether the seal was on outer cover alone:
 - (c) whether the seal was on the sample alone:
 - (d) whether the seal was on both, outer cover and the sample:
 - (e) whether the seal was intact and unbroken:
 - (f) whether the seal on sample and outer cover (as the case may be) tallied with the specimen seal:
 - (g) describe in general the packaging of the sample in the parcel:
 - (h) whether the sample was found fit for analysis:
6. The above detailed sample was given Laboratory Code Number:

Signature of the Coding Officer
with seal

* To be filled and signed by a notified Insecticide Analyst (Laboratory In-charge) functioning as Coding Officer.

Part-B Analysis Portion

7. Laboratory Code Number for sample:

<u>Sl. No.</u>	<u>Test</u>	<u>Requirement</u>	<u>Result</u>
(a)	Active ingredient(s): (enclose graphs, if applicable)		

(b) Other tests:

- (i)
- (ii)
- (iii)
- (iv)

8. Protocol(s) of the test(s) applied:

- (a) For active ingredient(s):
 - (a) if published, Bureau of Indian Standards Number:
 - (b) if not, method approved by the Registration Committee:
- (b) For other tests:

9. Tests/analysis of the sample completed on:

Remarks: 1. In view of the results of the test/analysis of the sample with respect to protocols thereof, the sample is declared as _____

2. Photocopies of chromatograms/spectra (as applicable as per protocols of test applied) for standard and the sample are attached hereto.

Signature of the Insecticide Analyst
Seal

Verification

I certify that I have analysed /caused to be analysed the aforementioned sample and declare the result of analysis to be as above.

Signed this _____ day of _____, 20____

Signature of the Insecticide Analyst
Seal

FORM XVIII**ORDER REQUIRING A PERSON NOT TO DISPOSE OF ANY STOCK IN HIS POSSESSION**

[See rule 30]

Whereas, I have reason(s) to believe that the stock of following insecticides, which is in your possession, is being stocked, distributed, sold or exhibited for sale and used in contravention of the provisions of section _____ of Insecticides Act, 1968 and/or _____ of the Insecticides Rules, 1971:-

Sl. No.	Name of the insecticide with complete details	Manufactured by	Batch Number	Date of manufacture and date of expiry	Stock quantity as on date (indicate units also)	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)

I hereby require you under clause (d) of sub-section (1) of section 21 of the Insecticides Act, 1968 to stop the distribution, sales or exhibiting for sale and use of the said stock for a period of _____ days from this _____ day of _____ month of the year 20_____.

Insecticide Inspector
Seal

FORM XIX**FORM OF RECEIPT FOR THE SEIZED INSECTICIDES**

[See rule 32]

The stock of the insecticide(s) detailed below has this day _____ of the month _____ of year 20____ been seized by me under the provisions of clause (d) of sub-section (1) of section 21 of the Insecticides Act, 1968, from the premises of M/s _____ situated at _____

Sl. No.	Name of the insecticide with complete details, like purity, type of formulation, etc.	Manufactured by	Batch Number	Date of manufacture and date of expiry	Stock quantity as on date (indicate units also)	Remarks (Mention page/folio number of the stock register)
(1)	(2)	(3)	(4)	(5)	(6)	(7)

I have appended my signatures with date and seal on the page/folio number _____ of the stock register of insecticides and taken a copy thereof for record.

Date:

Insecticide Inspector
Seal

FORM XX

INTIMATION TO PERSON/LICENSEE FROM WHOM SAMPLE IS TAKEN

[See rule 33]

To
M/s. _____

PIN: _____

I have this _____ day of month _____ year 20____ taken from the premises of _____
(License number, _____ dated _____) situated at _____ samples of the insecticide(s)
specified below for the purposes of test or analysis:

1. Common name of the insecticide:
(mention complete details, like type of formulation)
2. Trade name, if any:
3. Manufactured by:
4. Registration number:
5. Marketed by:
6. Distribution Licence Number:
7. Batch number:
8. Date of manufacture:
9. Date of expiry:
10. Stock before sampling:
(Mention units)
11. Quantity of the sample taken:
(Mention units)
12. Stock after sampling:
(Mention units)
13. Folio/page number of stock register:
14. Any other relevant information:

Date: _____

Insecticide Inspector
Seal

1. Signature of witness: _____
(Date, name and address)
2. Signature of witness: _____
(Date, name and address)

Received one sealed portion of sample along with a copy of this Form.

Signature of the person from whom the sample is taken
With date and seal

FORM XXI**MEMORANDUM TO INSECTICIDE ANALYST**

[See rule 34]

From

(Name, complete address and e-mail id of the Insecticide Inspector)

To

The Insecticide Analyst,

PIN:

The portion of sample/container described below is sent herewith for test or analysis under rule 34 of the Insecticides Rules, 1971:

- (a) Common name of the insecticide:
(Mention complete details like nominal content, type of formulation, etc.)
- (b) Batch number:
- (c) Date of manufacture:
- (d) Date of expiry:
- (e) State of packing of the sample:

2. The portion of sample/container has been assigned the number or marked by me with the following mark:

(Give number or the mark here)

3. A copy of this Memorandum along with a copy of Form XX, has been separately dispatched to you by registered post.

Place:

Date:

Insecticide Inspector
Seal

FORM XXII

**REGISTER OF PERSONS ENGAGED IN CONNECTION WITH INSECTICIDES
RECORD OF PERIODICAL MEDICAL EXAMINATION
FOR THE CALENDAR YEAR 20____, QUARTER ENDING _____, 20____**
[See rule 37]

Serial number:

I. GENERAL INFORMATION

Name:

Age:

Father's /husband's name:

Complete address:

Sex: Identification mark:

Date of appointment: _____

Occupation: _____ (Please specify the nature of duty of the past and of the present)

Details of use Personnel Protective Equipments: 1. Past 2. Present

(a) Protective clothing/overalls:

(b) Helmet/hood/hat:

(c) Dust-proof goggles:

(d) Rubber gloves impermeable to liquids:

(e) Respiratory device(s):

(f) Boots:

II. MEDICAL EXAMINATION:**PAST HISTORY**

Illness	Poisoning	Allergy	Exposure to pesticides (Compound)	No. of years/seasons and days of exposure per year	Remarks, if any
(1)	(2)	(3)	(4)	(5)	(6)

FAMILY HISTORY:

Allergy	Psychological disorders	Hemorrhagic disorders
(1)	(2)	(3)
Infertility/Sterility	Birth defects	Cancer
(4)	(5)	(6)

PERSONAL HISTORY :

Smoking	Alcohol	Other addiction
(1)	(2)	(3)
Marital Status	Nos. of Children -Health status of children & any birth defect, if any	Any other health related complaint
(4)	(5)	(6)

OBSERVATIONS :

Medical examination	Pre-employment examination	End of 1st quarter i.e. after 3 months	After 2nd quarter after 6 months	After 3rd quarter after 9 months	End of year	Remarks
1	2	3	4	5	6	7

1. General Examination :

- (a) Height
(b) Weight
(c) Pulse rate

- (d) Blood pressure
- (e) Respiration: rate, rhythm, type
- (f) Anaemia/Pallor
- (g) Oedema
- (h) Jaundice
- (i) Skin condition
- (j) Temperature
- (k) Fatigability
- (l) Sweating
- (m) Sleep
- (n) Urination

2. Gastro Intestinal

- (a) Nausea
- (b) Vomiting
- (c) Appetite
- (d) Taste
- (e) Pain in abdomen
- (f) Bowel movement
- (g) Liver
- (h) Spleen

3. Cardio-respiratory

- (a) Nasal discharge
- (b) Wheeze
- (c) Cough
- (d) Expectoration
- (e) Tightness of chest
- (f) Dyspnoea
- (g) Palpitation
- (h) Heart
- (i) Cyanosis
- (j) Tachycardia/Bradycardia

4. Neuro-muscular

- (a) Headache
- (b) Dizziness
- (c) Irritability
- (d) Twitching
- (e) Tremors
- (f) Convulsions
- (g) Parasthesia
- (h) Hallucinations
- (i) Unconsciousness
- (j) Superficial reflexes
- (k) Deep reflexes
- (l) Coordination

5. Eye

- (a) Pupil
- (b) Lachrymator
- (c) Double vision
- (d) Blurred vision

6. Psychological

- (a) Temperament
- (b) Judgment
- (c) Nervousness

Kidney
Kidney Condition

8. Investigation

- (a) Complete Haemogram : (Hb, TRBC, TLC, DLC, Platelet, Reticulocytes count, ESR)
- (b) Liver Function Tests: (Serum Bilirubin, SAP, SGOT, SGPT, Cholesterol, Total Protein and serum albumin)
- (c) Kidney Function Tests: (Blood urea, Serum creatinine)
- (d) Blood Sugar, HbA1C
- (e) *Serum cholinesterase
- (f)** Blood residue estimation (In case of Organochlorine once in a year)
- (g) Urine - routine & microscopic
- (h) X-ray chest (PA View): Once every year
- (i) Ultrasound whole abdomen: Once every year

* Serum cholinesterase level should be measured in monthly intervals in case of organophosphorus/carbamatic group of insecticides. General remarks of the doctor in the light of the above examination.

** In organochlorine group of insecticides the blood residue estimation should be done once a year.

III. DIAGNOSIS**IV. ADVICE GIVEN TO**

1. The employee
2. The employer:

Signature of the Doctor
with date and seal

V. Acknowledgement to be given by

1. The employee
2. The employer:
3. The Licensing Officer:

VI. Action taken by the employer on Doctor's advice:**VII. Certificate by the Doctor:**

Certified that M/s _____ have completed the action as per my/doctor's advice as given above and consequently the patient has shown improvement/recovered from the ailment.

Signature of the Doctor
with date and seal

[F. No. 13035/28/2014 PP-1 Vol-II]
RAJESH KUMAR SINGH, Jt. Secy.

Note: The principal rules were published in the Gazette of India, Extraordinary, Part II Section 3, sub-section (i) vide number G.S.R. 1650 (E), dated the 19th October, 1971 and subsequently amended vide:-

1. G.S.R. 474(E), dated the 24th July, 1976.
2. G.S.R. 736(E), dated the 9th December, 1977.
3. G.S.R. 1064(E), dated the 7th November, 1988.
4. G.S.R. 533(E), dated the 6th August, 1993.
5. G.S.R. 371(E), dated the 20th May, 1999.
6. G.S.R. 372(E), dated the 20th May, 1999.
7. G.S.R. 548(E), dated the 12th September, 2007.
8. G.S.R. 692(E), dated the 7th November, 2006.
9. G.S.R. 128(E), dated the 26th February, 2009.
10. G.S.R. 174(E), dated the 5th March, 2010.
11. G.S.R. 474 (E), dated the 11th July, 2013 and
12. G.S.R. 797(E), dated the 13th November, 2014.