QUESTIONNAIRE

(for permit)

1. Applicant's full Name & Address (O):

2. Full Postal Address (P):

(i) Municipality No./Survey No. :
(ii) Road :
(iii) Ward/Village :
(iv) Town :
(v) Taluk :

4. Is the applicant hold any licence under Drugs & Cosmetics Act, 1940:

5. Is the applicant a retail or wholesale merchant:

(a) Whether the applicant wishes to conduct retail or wholesale dealings in poisons:

(b) If you hold already a wholesale licence give the licence No. and date:

6. Approximate value of poison you intend to stock or possess:

7. Average sale of poison per day you expect:

8. Name and educational qualification of the person in-charge of the poisons:

9. List of poisons you intend to stock (Here mention the complete list you intend to stock):

10. Name & address of the Company or Shop from where you purchase the poisons: \

11. Have you been convicted by any law:

12. Working hours:

Declaration

I, ……., state that the above information is true and agrees to abide by the provisions of the Poisons Act, 1919 and the Kerala Poisons Rules, 1996.

Place: Signature:
Date: Name:
Designation: