

**APPLICATION FOR EXPERIMENTAL USE OF PESTICIDES  
(TO BE FURNISHED BY THE RESEARCHER)**

1. Common name:
2. Strength:
3. Formulation type:
4. Name of the importer:
5. a. Crop(s), pest(s) for which the product is to be tested:

b. Pesticides recommended by the DOA for the proposed crop/ pest situation:

c. Any observed or reported draw backs with the above chemical pest control options:

d. Could any of the above pesticides be replaced with the proposed pesticide, on technical ground: Yes:  No:

- (i) If ' Yes' please indicate the chemical, and your technical justification for the replacement, if any. (Please use a separate paper if necessary).

- (ii) If 'No; please provide, in brief, any advantage or benefits of using the proposed pesticide. (Please use a separate paper if necessary).

6. Possible adverse effects of using the proposed pesticide, under local conditions:
- 1. Resistance: Yes:  No :  .....
  - 2. Effect on beneficial organisms: Yes:  No:  .....
  - 3. Handling and application difficulties: Yes:  No:  .....
  - 4. Any other:.....

5.a. Method of application, please specify whether as :

- 1. Baits.....2. Seed treatment ..... 3. Plant dip .....4. Foliar spray.....
- 5. Soil drench .....6. Soil incorporation..... 7. Soil broadcast .....

- b. Proposed rates of Application: 1.....  
2.....  
3.....

- 6. Amount required for trial:
- 7. Name of the Research Institution:
- 8. Name & Signature of Researcher:
- 9. Signature of DDR/ Supervising Officer: