

Annexure-3 A

Application for Virus/Quality (genetic fidelity) Testing & Certification of Tissue Culture Raised Plants

1. Name/Location Address of the recognised tissue culture production facility:							
2. Certificate No./date of issue/validity:							
3. Name of authorised person & his contact details (Telephone/ Fax/Mobile/E-Mail):							
4. Details of tissue culture plants required to be sampled:							
Plant species	Variety	Accession/ Batch No	Batch size	No of packages	Tests required for	Category of tissue culture material*	
						<input type="checkbox"/> Mother plant <input type="checkbox"/> Invitro stock-culture <input type="checkbox"/> Ex-agar washed plants <input type="checkbox"/> Primary hardening plants <input type="checkbox"/> Secondary hardening plants *Tick out in appropriate box	
5. Purpose of testing/certification*:					<input type="checkbox"/> Import Quarantine requirements <input type="checkbox"/> Mother plant/stock-culture for initiation <input type="checkbox"/> Domestic sale & distribution <input type="checkbox"/> Phytosanitary certification * Tick out in appropriate box		
6. Particulars of payment of testing fees:							
Amount in Rs:							
Demand Draft/Banker's Cheque No./Date of Issue:							
Bank Name/Branch:							
7. Date by which sampling:							
8. Date by which certification is requested:							
9. Any additional information:							
Declaration							
I/we hereby declare that the information furnished above is complete and correct to the best of my/our knowledge and belief. I/we will meet the TA/DA of technical personnel deputed for sampling in addition to the testing fees as indicated above and provide necessary facilities for sampling.							
Date: _____							
Place: _____							
_____ (Signature/Name/Stamp of Applicant/Date)							
For Office (Testing Facility) Use				Application Reg. No. /Date			
Check list	Status		Scrutinized by	Action by TCPF	Applicant Response		
Application complete	Yes	No					
Payment of Fees	Yes	No					
Final Action Taken:							
_____ (Signature/Name of Director or HOD of Accredited Test laboratory/Date)							