

GOVERNMENT OF MAHARASHTRA
Department of Agriculture

To,
M/s. **GODAVARI CROP SCIENCE,**
At Post **Sarangkheda,, Sarangkheda,** Pin: **425402,** Tahsil: **Shahade,** District: **Nandurbar,** State:
Maharashtra

Sub: Issuing New Fertiliser License No. **LCFDW10010839.** Validity: **04/06/2016** to **03/06/2019**

Ref : Your letter no. **FWD392468** dated : **24/05/2016**

Sir,

With reference to your application for **New Fertilizer** license.

We are pleased to inform you that your request for the same has been granted.

License No. : **LCFDW10010839** dated :**04/06/2016.**

Valid For : **04/06/2016** to **03/06/2019** is enclosed here with.

This license is issued under **Fertilizer Control Order,1985**

The terms and conditions are mentioned in the license.

You are requested to apply for the renewal of the license on or before **03/06/2019.**

Responsible Person Details:

Name: **Mohansing Ratansing Girase,** Age:**43,** Designation: **Manager**

Office Address: **At Post Post Kampur,, Kampur,** Taluka:**Sindkhede,** District: **Dhule,** State:
Maharashtra, Pincode: **425408,** Mobile: **9420849996,** Email: **vickygirase66@gmail.com**

Name: **Mohansing Ratansing Girase,** Age:**43,** Designation: **Manager**

Residential Address: **At Post Post Kampur,, Kampur,** Taluka:**Sindkhede,** District: **Dhule,** State:
Maharashtra, Pincode: **425408,** Mobile: , Email:

Chief Quality Control Officer
Commissionerate Of Agriculture
Pune

Encl. :License.

Copy to

- 1) Divisional Joint Director of Agriculture(All)
- 2) District Superintendent Agriculture Officer(All)
- 3) Agriculture Development Officer(All)



Original

GOVERNMENT OF MAHARASHTRA

Wholesale Dealer State Level

FORM 'A2'

ACKNOWLEDGEMENT

(See Clause 8(3))

License No. : LCFDW10010839

Date of Issue : 04/06/2016

Valid From : 04/06/2016

Valid Upto : 03/06/2019

1. Received from M/s **Godavari Crop Science** a complete Memorandum of Intimation along with Form O, fee of Rs. **2250** by Chalan bearing number **MH001243819201617E** dated **24/05/2016**.
2. This acknowledgement shall be deemed to be the letter of authorisation entitling the applicant to carry on the business as applied for, for a period of 3 years from date of issue of this Memo of acknowledgement unless suspended or revoked by the competent authority.

Date: 04/04/2019

Notified Authority
Director Of Agriculture (Input & Quality Control)
Pune

Seal:

Statement - 1

License No. : LCFDW10010839

Date of Issue: 04/06/2016

Validity: 04/06/2016 to 03/06/2019

M/s GODAVARI CROP SCIENCE

Name of Firm & Proprietor/Manager/ Partner	Location of Sales Depot	Location of Godown(s) attached to sale depot	Type of Fertiliser	Source of supply
1	2	3	4	5
Godavari Crop Science Name of Proprietor : Mohansing Ratansing Girase	Gat No.483/2, Sarankheda, Sarankheda Taluka : Shahade District: Nandurbar	Gat No.483/2, Sarankheda, Sarankheda Taluka : Shahade District: Nandurbar	Encl: Form 'O'	Encl: Form 'O'

Encl:Form 'O'

Sr. No. Source of Supply as per Form 'O'

1. M/s. Shree Khaitan Crop Science, Dhule

Date: 04/04/2019

Notified Authority
Director Of Agriculture (Input & Quality Control)
Pune

Seal: