

**GOVERNMENT OF MAHARASHTRA**  
**Department of Agriculture**

To,  
M/s. **S P AGRO SCIENCES,**  
**Malmatta No -1144 Karoli T, Karoli (t), Pin: 416405, Tahsil: Kavathemahankal, District: Sangli, State: Maharashtra**

Sub: Issuing New Fertiliser License No. **LCFDW10010851**. Validity: **29/07/2016** to **28/07/2019**

Ref : Your letter no. **FWD372886** dated : **09/04/2016**

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. : **LCFDW10010851** dated :**29/07/2016**.

Valid For : **29/07/2016** to **28/07/2019** 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 **28/07/2019**.

**Responsible Person Details:**

Name: **Sachidanand Akaram Patil**, Age:**32**, Designation: **Partner**

Office Address: **Malmatta No 1144 A/P Karoli-T, Karoli (T), Taluka:Kavathemahankal, District: Sangli, State: Maharashtra, Pincode: 416405, Mobile: 9764591776, Email:**

Name: **Sachidanand Akaram Patil**, Age:**32**, Designation: **Partner**

Residential Address: **House No 410, A/P Kuktoli, Kuktoli, Taluka:Kavathemahankal, District: Sangli, State: Maharashtra, Pincode: 416418, 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 Developement Officer(All)



Original

**GOVERNMENT OF MAHARASHTRA**

Wholesale Dealer State Level

**FORM 'A2'**

**ACKNOWLEDGEMENT**

(See Clause 8(3))

**License No. : LCFDW10010851**

**Date of Issue : 29/07/2016**

**Valid From : 29/07/2016**

**Valid Upto : 28/07/2019**

1. Received from M/s **S P Agro Sciences** a complete Memorandum of Intimation along with Form O, fee of Rs. **2250** by Chalan bearing number **MH001844445201617E** dated **15/06/2016**.
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. : LCFDW10010851

Date of Issue: 29/07/2016

Validity: 29/07/2016 to 28/07/2019

**M/s S P AGRO SCIENCES**

| <b>Name of Firm &amp; Proprietor/Manager/ Partner</b>                                                                                                                | <b>Location of Sales Depot</b>                                                                                                     | <b>Location of Godown(s) attached to sale depot</b>                                                                  | <b>Type of Fertiliser</b> | <b>Source of supply</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| <b>1</b>                                                                                                                                                             | <b>2</b>                                                                                                                           | <b>3</b>                                                                                                             | <b>4</b>                  | <b>5</b>                |
| <b>S P Agro Sciences</b><br><b>Name of Partner :</b><br><b>Laxman</b><br><b>Ramchandra</b><br><b>Hajare, Vinod Vilas</b><br><b>Kolekar, Sachidanand Akaram Patil</b> | <b>Malmatta Number 1144</b><br><b>Karoli-T, Karoli (T)</b><br><b>Taluka :</b><br><b>Kavathemahankal</b><br><b>District: Sangli</b> | <b>Malmatta No 1144 Karoli-T, Karoli (T)</b><br><b>Taluka :</b><br><b>Kavathemahankal</b><br><b>District: Sangli</b> | <b>Encl: Form 'O'</b>     | <b>Encl: Form 'O'</b>   |

Encl:Form 'O'

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

Date: 04/04/2019

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

Seal: