

GOVERNMENT OF MAHARASHTRA

Department of Agriculture

No: QC/Insecticide/QC-7/8/ /2019
Commissionerate of Agriculture,
Maharashtra State,
Pune - 411 001. Date : / /

To,

M/s. **THE VARMA PHARMACY PVT LTD,**

59, Industrial Estate, Hadapsar, Pune, Pin: 411013, Tahsil: Haveli, District: Pune, State: Maharashtra

Sub: Amendment Insecticide License No. **LCIM0100. Date of Issue: 17/12/1977**

Ref : Your letter no. **IM630003** dated : **16/12/2018**

Sir,

With reference to your application for **Amendment of Insecticide manufacturing** license. We are pleased to inform you that your request has been granted as per license enclosed. License No. : **LCIM0100 Date of Issue: 17/12/1977.**

is enclosed here with. This license is issued under **Act 1968 & Rule 1971.**

The terms and conditions are mentioned in the license.

Conditions :-

- 1) Fulfillment of conditions of Registration Certificate issued by CIB & RC.
- 2) Fulfillment of conditions of your Insecticide Manufacturing license as mentioned there on.
- 3) Fulfillment of conditions of MPCB, as mentioned in their consent to operate.
- 4) Fulfillment of conditions as prescribed in DIC Certificate.(Industries Dept.)
- 5) The Pesticides mentioned in the manufacturing licence should be sold for the crops and pests for which the label claim is approved by the CIB&RC and should not be recommended for any other crops. Awareness programe for farmers for the proper use of pesticides as per the label claim may be carried out in the State.

The actual manufacturing activity should be carried out after fulfillment of above conditions.

Responsible Person Details:

Name: **Dnyanprakash Hiralal Varma**, Age:**65**, Designation: **Director**

OfficeAddress:**59Hie,Pune**, Taluka:**Haveli**, District:**Pune**, State:**Maharashtra**, Pincode:**411013**, Mobile:**9823855520**, Email: **vppl36@gmail.com**

Name: **Dnyanprakash Hiralal Varma**, Age:**65**, Designation: **Director**

Residential Address: **16 A Suparshawanath D Bunglow Society Market Yard Road, Pune**,
Taluka:**Haveli**, District: **Pune**, State: **Maharashtra**, Pincode: **411037**, Mobile: , Email:

Name: **Dnyanprakash Hiralal Varma**, Age:**65**, Designation: **Director**

OfficeAddress:**59Hie,Pune**, Taluka:**Haveli**, District:**Pune**, State:**Maharashtra**, Pincode:**411013**, Mobile:**9823855520**, Email: **vppl36@gmail.com**

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Residential Address: **16 A Suparshawanath D Bunglow Society Market Yard Road, Pune**,
Taluka:**Haveli**, District: **Pune**, State: **Maharashtra**, Pincode: **411037**, Mobile: , Email:

Name: **Mukund Dnyanprakash Varma**, Age:**36**, Designation: **Director**

OfficeAddress:**59IndEstHadapsar,Pune**, Taluka:**Haveli**, District:**Pune**, State:**Maharashtra**, Pincode:

411013, Mobile: 9823855520, Email: vpp136@gmail.com

Name: **Mukund Dnyanprakash Varma**, Age: **36**, Designation: **Director**

ResidentialAddress: **16SuparshwanathSocietyMarketYard,Pune**, Taluka: **Haveli**, District: **Pune**, State: **Maharashtra**, Pincode: **411037**, Mobile: , Email:

Name: **Mukund Dnyanprakash Varma**, Age: **36**, Designation: **Director**

OfficeAddress: **59IndEstHadapsar,Pune**, Taluka: **Haveli**, District: **Pune**, State: **Maharashtra**, Pincode: **411013**, Mobile: **9823855520**, Email: **vpp136@gmail.com**

Name: **Mukund Dnyanprakash Varma**, Age: **36**, Designation: **Director**

ResidentialAddress: **16SuparshwanathSocietyMarketYard,Pune**, Taluka: **Haveli**, District: **Pune**, State: **Maharashtra**, Pincode: **411037**, Mobile: , Email:

**Chief Quality Control Officer
Commissionerate of Agriculture
Maharashtra State 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

FORM VI

[See sub-rule (3) of rule 9]

LICENSE TO MANUFACTURE INSECTICIDES

Old Lic. No. : 1001/0004/M/A

License No. : LCIM0100

Date of Issue: 17/12/1977

1. License No. **LCIM0100**, License to manufacture the following insecticide(s) on the premises situated at Address **59, Industrial Estate, Hadapsar, Village: Pune, Taluka: Haveli, District: Pune, Pincode: 411013** is granted to M/s. **The Varma Pharmacy Pvt Ltd** as specified here under:-

Name of the insecticides .. As per Statement - I

2. The insecticide(s) shall be manufactured under the direction and supervision of the following expert staff: Name of insecticides and name(s) and designation of the expert staff :

Expert staff (names).... As per Statement - I

3. The licence is subject to such conditions as may be specified in the rules for the time being in force under the Insecticide Act, 1968 as well as the conditions stated below.

Date: 23/02/2019

Seal:

**(Vijaykumar Ingale)
Licensing Authority
Director of Agriculture (Input & Quality Control)
Maharashtra State, Pune**

CONDITIONS

1. This licence shall be kept in the premises for which the licence is being issued and shall be produced for inspection as and when required by an Insecticide Inspector, licensing officer or any other officer authorised by the Government in this regard.
2. Any change in the name of the expert staff, named in the licence, shall forthwith be reported to the licensing officer.
3. The licensee shall scrupulously comply with each and every condition of registration of the insecticide, failing which the licence of the insecticide is liable to be cancelled.
4. The licensee shall comply with the provisions of the Insecticides Act, 1968, and the rules made there under for the time being in force.
5. The licence also authorises the storage and stocking of insecticide(s) manufactured at the licensed premises, in the factory premises for sale by way of wholesale dealing by the licensee.
6. The licensee shall obtain ISI Mark Certificate from Bureau of Indian Standard within three months of the commencement of the manufacture.
7. No insecticides shall be sold or distributed without ISI Mark certification.
8. All the Circulars/Notices/ Instructions or Amendments issued from time to time by the Licensing Authority will be binding on the License.
9. Any other condition(s) may be specified by the licensing officer.

Original

Statement - 1

License No. : LCIM0100

Date of Issue: 17/12/1977

M/s The Varma Pharmacy Pvt Ltd

1. List of Expert Staff

Sr. No.	Name of Expert Staff	Qualification	Designation
1	Dnyanprakash Hiralal Varma	Bsc	Director
2	Mukund Dnyanprakash Varma	Bpharm	Director

2. Names of the Insecticides

S No.	Technical Name,CIB Regn No. & Date	Regn U/s	Validity of Regn	Permitted to mfg from
1	MALATHION 2.00% HH VI-1241(2)MALATHION (HH) -27, Date: 25/08/1976	9(4)	PERMANENT	17/12/1977
2	MALATHION 0.25% HH VI-1241(1)MALATHION (HH)- 28, Date: 25/08/1976	9(4)	PERMANENT	17/12/1977

Date: 23/02/2019

Seal:

(Vijaykumar Ingale)
Licensing Authority
Director of Agriculture (Input & Quality Control)
Maharashtra State, Pune