

***APPLICATION FOR GRANT OF CERTIFICATE OF  
REGISTRATION / RENEWAL AS MEDICINAL PLANTS  
FARMER(S) / COLLECTOR(S) / TRADER(S) / MANUFACTURER(S)***

**To**

**The Member Secretary**

**West Bengal State Medicinal Plants Board**

**( Under Department of Health & Family Welfare,  
Government of West Bengal )**

**3<sup>rd</sup> Floor, Central Blood Bank Building,**

**205, Vivekananda Road, Kolkata - 700 006.**

**Sub : APPLICATION FOR GRANT OF CERTIFICATE OF  
REGISTRATION / RENEWAL AS MEDICINAL PLANTS  
FARMER(S) / COLLECTOR(S) / TRADER(S) /  
MANUFACTURER(S)**

- 1.     a)       Name of the applicant(s) / contact person ( in block letter)**
  
- b)       Telephone, Fax and E-mail number(s)**
  
- c)       Status ( individual / firm / company / society / association / contractor/  
Govt. undertaking )**
  
- d)       Registration Number(in case of firm / company /society/association)if  
any**
  
- e)       Date of establishment / engagement in the field of medicinal plants  
(Traders enclose profile, if any )**

- f)      **New or renewal,**
  - g)      **Amount of fee remitted with the copy of receipt.**
  - h)      **If already registered, furnish details (attach copy of registration)**
- 2.**
  - a)      **Address in full of the place(s) of storage / shop / processing plant / unit(s) etc. if any**
  - b)      **Location of the premises.**
  - c)      **Telephone, Fax and E-mail number(s) of the establishment unit(s).**
- 3.**     **Whether A) Farmer; B) Collector; C) Trader; D) Manufacturer ( mention specifically)**



**B. COLLECTOR(S) :**

6. Items of medicinal plants / parts / products collected during one year last ( furnish details including aprox. quantity collected in the following table) :

Sl. No.	Name of herb(s)	Botanical name	Area of collection with Dist/ Forest Division	Aprox. Quantity (Kg.)
1.				
2.				
3.				
4.				
5.				

7. Is the applicant an authorized collector of medicinal plants ? ( with permission of Govt. or other authorized body) Give details.
8. Years during which the applicant was in possession of Board's certificate of registration. (for renewal only)
9. Whether collected products supplied under some brand name(s) / trade mark(s). Give details.
10. Medicinal plants material collected and supplied (i.e. raw / semi processed or processed) during last three years.

Sl. No.	Year	Common Name	Botanical name	Area from where collected	Approx. quantity (Kg.)	To whom supplied (Kg.)
	200 to 200					
	200 to 200					
	200 to 200					

**C. TRADERS :**

**11. Name / Sources of purchase / collection : whether wild or cultivated.**

**12. State areas where from items were procured in last three years.**

<b>Sl. No.</b>	<b>Year</b>	<b>Common name</b>	<b>Botanical name</b>	<b>Approx. quantity (qtl.)</b>	<b>Areas from items were procured</b>
	<b>200 -- 200</b>				
	<b>200 -- 200</b>				
	<b>200 -- 200</b>				

**13. Give the details of items supplied during the last three year in the table below :**

<b>Sl. No.</b>	<b>Year</b>	<b>Common name</b>	<b>Botanical name</b>	<b>Approx. quantity (qtl.)</b>	<b>Freight On Board (FOB) Value (Rs.)</b>
	<b>200 -- 200</b>				
	<b>200 -- 200</b>				
	<b>200 -- 200</b>				

**14. State the names of manufacturer(s) / other(s) to whom these items were supplied during the last three year in the table below :**

Sl. No.	Year	Common name	Botanical name	Name of the manufacturer(s)/ other(s)	Approx. quantity (qtl.)
	200 -- 200				
	200 -- 200				
	200 -- 200				

#### D. MANUFACTURER :

**15. Name of the manufacturing unit with address, phone no., fax no., e-mail number et.**

**16. License No. .... Valid upto .....**

**17. Raw materials used in the last financial year :**

[illegible]

18. Do you want to cultivate medicinal plants for your firm? If yes, give details about locations, areas, acreages etc.
19. Are the raw-herbs suppliers registered under WBSMPB ?
20. If not, are you insisting on procuring from the WBSMPB registered suppliers / cultivators ?
21. Any suggestions which will help you to receive genuine herbs ?
22. Mention the tentative price with qty. of herbs you require in the next year.

Sl. No.	Common name	Botanical name	Approx. quantity (qtl.)	Approx. amount ( Rs.)

23. Do you want any reference from this Board for raw or dried herbs ?

**DECLARATION**

**I / We declare that the information given above are true to the best of my knowledge and belief and that I / We shall abide by the West Bengal State Medicinal Plants Board's Rules and the condition laid down in the certificate and any instruction(s) given by the Board from time to time regarding the conduct of business.**

**Place :**

**Signature of the Applicant (s) with seal**

**Date :**