

Requisition for Herbicide application (Weed Control)

Name of the Division/ Section/Unit :

Date of Indent :

Name of the Indenter :

Name & Mobile No. of Contact person:

Project Name :

Activity Name :

Plot No. :

Area in m² :

Method of Crop Establishment :
(Dry-direct/ wet-direct/transplanted)

Type of weeds :
(if known please mention the name)

Signature of Indenter

Note:

- Indent may be sent to In-charge, Weed Control, Crop Production Division
- Indent should be forwarded through concerned Head of the Division
- Concerned scientist or technical staff must be present at the time of spraying