

<b>General Information</b>		<b>Remarks (Office Use Only)</b>
<b>Intended Trade Name of the Product</b>		
<b>Common name/Strength/ Units/ Formulation type</b>		
<b>Intended Use(s)</b>		
<b>Formulation toxicity - Oral</b>		
<b>- Dermal</b>		
<b>- Inhalation</b>		
<b>Registrant-Contact details</b>		
<b>Filing fee- (Rs.)</b>	<b>Money Order</b>	<b>Cheque</b>
<b>Container type and material to be used</b>		
<b>Pack sizes with units</b>		

Following Documents should be submitted According to the Registration Guideline RP/01/GL (rev-5/20/2011). Reference to the Guideline is given in the parenthesis. If relevant data is submitted indicate the Annexure and page number(s).

No	Requirements in a Dossier for Pesticide Registration	Requirements fulfilled (√ Yes)	Requirements not fulfilled (√ No)	Relevant Annexure & Page No(s)	Remarks (if any)	Remarks (Office use only)
<b>1</b>	<b>Application &amp; Dossier</b>					
i	Duly completed application with indication of reference to relevant annexure and page numbers in the dossier	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
ii	Uniform page numbering in technical dossier (top right)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>2</b>	<b>Authenticated/Original Registration Certificates</b>					
i	Country of origin for the technical material (s)( 2.10)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
ii	Country of origin for the formulation (2.10)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
iii	Other countries where product is registered (2.101.1)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>3</b>	<b>Declaration for supply of the technical/ formulation</b>					
i	Manufacturer of the technical (3.4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
ii	Formulator of the product (3.5)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>4</b>	<b>Active Ingredient</b>					
i	Physical Chemical properties of pure Active ingredient (s) (4.1, 4.2, 4.4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
ii	Toxicological Impact of the pesticide & its toxicologically significant metabolites on biological systems (where applicable) (4.3, 4.4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>5</b>	<b>Technical Material</b>					

i	Physical Chemical properties (s) (5.1)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
ii	Detailed composition including impurities-Typical recipe- Original certificate (5.2)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
iii	Real assay result of the composition- Duly signed analytical report from accredited laboratory (5.2)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
iv	Analytical method used to determine the active ingredient and toxicologically significant metabolites, including chromatograms (5.3)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
v	Declaration on shelf life- Original certificate (5.4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
vi	Stability test report on shelf-life with physical properties - CIPAC elevated temperature test (54°C/ 14 days) or ambient temperature for 2 years (5.4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Vii	<b>Acute toxicity</b> -oral / dermal / inhalation/ skin sensitization/ skin irritation/ eye irritation <b>Sub-chronic toxicity</b> <b>Long term toxicity</b> -mutagenicity/ oncogenicity/ re-productive toxicity/ teratogenicity/ other chemical class specific studies Original or certified true copy of the toxicology test report summaries with Certified GLP standards and OECD or similar guideline (5.5)	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>			
viii	Health related exposure limits - (Acceptable Daily Intake, No Observed Effect Level, Maximum Residue Level, etc.)- where applicable (5.6, 5.7)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>6</b>	<b>Formulation</b>					
i	Physical Chemical properties (6.1)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
ii	Detailed composition typical recipe- Original certificate (6.2)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

iii	Real assay result of the composition- Duly signed analytical report from accredited laboratory (6.2)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
iv	Analytical method used to determine the active ingredient in the formulation including chromatograms (6.3)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
v	Declaration on shelf life- Formulators original certificate (6.4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
vi	Stability test report on shelf-life -CIPAC elevated temperature test (54°C/ 14 days) or ambient temperature for 2 years (6.4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
vii	<b>Acute toxicity</b> -oral / dermal / inhalation/ skin sensitization/ skin irritation/ eye irritation Original or certified true copy of the toxicology test report summaries with Certified GLP standards and OECD or similar guideline (6.5)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
viii	Toxicological profile for the ingredients exceeding 20% of the formulation (6.5)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
ix	Analytical report for <b>arsenic, cadmium, cobalt, chromium, mercury, nickel, lead, tin, thallium, cyanide</b> (Circular -RP/2011-07)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
x	Bio efficacy summary reports/test with use recommendation and/or dilution rates (6.6) (Scientifically conducted & statistically verified reports from accredited institutions)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
xi	CDDA Registration Certificate VRI/ MRI/ Other (Specify)- Recommendation	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
xii	Biological Mode of Action (6.6)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
7	<b>Material Safety Data Sheet (MSDS)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
8	<b>Regulatory Actions Taken by other Governments to restrict or ban use</b> – Indicate if any					
9	<b>Samples for analysis</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
10	<b>Analytical Fee</b>					
	MRI	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

	ITI	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
11	<b>Draft Label (English text)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
12	<b>Other Documents (Specify)</b>					