FARMER'S HAND BOOK OF:

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MEMBER'S IDENTITY NUMBER:

CROP CATEGORY: YEAR: MONTH:

| Date | Area of                | Crop Name | Preparing land expenditure (hectares) | Soil value<br>&<br>testing | Soil application |                        |                           |          | Crop                      | Expenditure      |             |  |
|------|------------------------|-----------|---------------------------------------|----------------------------|------------------|------------------------|---------------------------|----------|---------------------------|------------------|-------------|--|
|      | cropping<br>(hectares) |           |                                       |                            | Name             | Expenditure (hectares) | expenditure<br>(hectares) | valid to | Clown & certified company | Irrigation<br>or | Total Labor |  |
|      |                        |           |                                       |                            |                  |                        |                           |          |                           |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          |                           |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          |                           |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          |                           |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          |                           |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          |                           |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          |                           |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          |                           |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          |                           |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          |                           |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          |                           |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          |                           |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          |                           |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          |                           |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          |                           |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          |                           |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          |                           |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          | 1                         |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          | 1                         |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          |                           |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          |                           |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          | 1                         |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          | +                         |                  |             |  |
|      |                        |           |                                       |                            |                  |                        |                           |          |                           |                  |             |  |

| Date of submission: | By post/By hand |
|---------------------|-----------------|
|                     |                 |

Signature of receiver: Signature of farmer:

Designation: Signature of Producer/Group leader/ICS:

Date of receive: Date of compulsion:

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MEMBER'S IDENTITY NUMBER:

Date of receive:

HARVESTING CROP CATEGORY: YEAR: MONTH:

| Date | Area of                | Crop Name | Pest application |                        | Fertilizer |                           | Expenditure                  | Harvesting |           | Expenditure | Crop       | Selling | Review |
|------|------------------------|-----------|------------------|------------------------|------------|---------------------------|------------------------------|------------|-----------|-------------|------------|---------|--------|
|      | cropping<br>(hectares) |           | Name             | Expenditure (hectares) | Name       | Expenditure<br>(hectares) | Irrigation<br>or<br>Rainfall | Manual     | Machinery | Total Labor | Collection | Price   |        |
|      |                        |           |                  |                        |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  |                        |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  |                        |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  |                        |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  | -                      |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  | +                      |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  | -                      |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  |                        |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  |                        |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  |                        |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  |                        |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  |                        |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  | +                      |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  |                        |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  |                        |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  |                        |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  |                        |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  |                        |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  | 1                      |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  |                        |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  |                        |            |                           |                              |            |           |             |            |         |        |
|      |                        |           | 1                | 1                      |            |                           |                              |            |           |             |            |         |        |
|      |                        |           |                  |                        |            |                           |                              |            |           |             |            |         |        |

| Food testing/Chemical Residue testing if any: | Cost:                                 | Date: |
|---|---------------------------------------|-------|
| Date of submission:                           | By post/By hand                       |       |
| Signature of receiver:                        | Signature of farme                    | er:   |
| Designation:                                  | Signature of Producer/Group leader/IC | S:    |

Date of compulsion: