

TANZANIA OFFICIAL SEED CERTIFICATION INSTITUTE



THE SEED ACT, 2003
(No. 18 of 2003)

S/N.....

Form SR IIIB

APPLICATION FOR NATIONAL PERFORMANCE TRIAL

*[Made under Regulation 4(1)]
(To be filled in Triplicate)*

To: Director General/Chief Seed Certification Officer,
Tanzania Official Seed Certification Institute,
P.O. Box 1056,
Morogoro.

- 1.Full name of the Applicant:.....
- 2.Postal Address3.Tel. No.
- 4.Email Fax No.....
- 5. Name of crop.....
- 6.Botanical Name:.....
- 7. Family Name:.....
- 8.Chromosome Number.....
- 9. Mode of Pollination:.....
- 12.Other basic information:.....
- 11. Proposed Name:.....
- 12.Name under which it is tested:.....

13. Agency responsible for development:.....
14. Cutivar Pedigree:.....
15. Proposed area for release:.....
16. Proposed elevation:.....
17. Agency responsible for supply of pre- basic Seeds:.....
18. Agency responsible for maintenance:.....
19. Distinguishing characteristics (describe fully)
- (a)Growth habit:.....(b) leaf:.....(c) stem:.....
- (d) Flower:.....(e) pods:.....
- (f) Seeds:.....(g) Seed size:.....
- (h)Seeds shape and colour:.....(i) time to flowering:..... (j) growth habit:.....
- (k) others:
20. Major distinguishing merits from other released varieties.....
21. Points of merits, drought tolerance, disease resistance, lodging resistance, etc.....
- 22.Economical and quality attributes:.....
- 23.Agronomic characters (optimal):.....
- (a)Sowingdate:.....(b) Seeds rates:.....
- (c)Plant population.....(d) Maturity:.....
- (e) Fertilizer:.....(f) Crop height:.....
- (g)Irrigation need :
- (h)Consumer acceptability:.....(i) Others:.....
24. Yield data/comparison/trial (Attach)
- (a)Yield compared to check :.....(b) Yield in farmers field:.....
25. Name and address of Pre- basic if deferent from the Applicant.....

I/We certify that the information given above is correct to the best of my/our knowledge.

I/We hereby enclose a cheque for:.....being the payment of the application fee.

Date: Signature:

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Application No: Date Received:

Fees Receipt No: Advanced yield trial data (Accepted/Not accepted).....

Amount of sample received:..... Date Approved/Rejected:
.....

If rejection, reasons for rejection.

I.....title.....,certify that the information given above is correct
to the best of my knowledge using the information and scientific data available to me.

Date: Signature: