



# Monthly Feedback Report from the Recognized Tissue Culture Production Facility on Testing and Certification under NCS-TCP

(Month and year of feedback :.....)

1. Name and Address of Tissue Culture Production Facility: .....
2. Production Capacity:.....
3. Tissue culture plants produced in .....(Month):..... (Quantity).....
4. Tissue culture plant certified in .....(Month) : .....(Quantity).....
5. Virus indexing of mother plant/ stock culture at the time of culture establishment during .....Month.

Month and Year	Plant species	Variety	Stock culture initiated		Particular of Sample Sent for Testing (Mother plant/ stock culture)		Name of ATLS where testing were done	Result of testing (Positive/ Negative)
			Date /week	Total Number	Date	Number of samples		

6. Details on batch certification of tissue culture raised plants prior to dispatch during .....Month.

Month and Year	Plant species	Variety	Volume of TC plants (in lakhs)		Details of batch of tissue culture raised plants			Detail on plant certification	
			Plants produced / hardened	Plant certified	Number of batch of TC raised plants	Average no. of plants per batch	Number of samples drawn for testing	Name of ATLS where certification was done	Total Number of labels received

Name & Designation of Authorized Person: .....

Signature: .....