

MAAF EXR

SPRAY AND FIELD MANAGING FORM

Farmer Name (Amaravathi) **Farmer Name**

Location (Kannur) **Location**

Name of Supervisor (Amaravathi) **Name of Supervisor**

Farmer Code (Kannur) **Farmer Code**

Weather Condition (Kannur) **Weather Condition**

Signature of Supervisor (Amaravathi) **Signature of Supervisor**

DATE	PEST/DISEASE	CHEMICAL NAME	ACTIVE INGREDIENT	CONCENTRATION	VOLUME OF WATER INTO WHICH DILUTED	NO. OF SPRAYS	AREA SPRAYED	TIME TAKEN	NAME OF OPERATOR
26/11/2023	PROBLEM (Thrips/Spider mite)	Chemical Name	Active Ingredient (Ethion)	Concentration (1000g/l)	Volume of Water (1000l)	No. of Sprays (5)	Area Sprayed (1000sqm)	Time Taken (1 day)	Name of Operator (Amaravathi)
26/11/2023	PROBLEM (Thrips/Spider mite)	Chemical Name	Active Ingredient (Ethion)	Concentration (1000g/l)	Volume of Water (1000l)	No. of Sprays (5)	Area Sprayed (1000sqm)	Time Taken (1 day)	Name of Operator (Amaravathi)
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Education & Training

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Test Date

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