Sl. No.	Accession Number	Plant Name	Qty	Location (Address)	Balance at Nursery	Date of planting	Remarks/Reason for planting	
Note: Pl Division		orm within 3 working days	s before coll	ection of plan	ts to Forestr	y and Landsca	npe Section under Environment	
Name of the requesting agency/person:				Date of collection:				
Signature: Date:			1	Name & contact no. for survival rate checking:				