



PERFORMA FOR ACQUISITION OF PLANTS FROM FOREST NURSERIES

Person's Name: _____

Father Name: _____

CNIC: _____

Phone No: _____

Address: _____

Name of District / Tehsil: _____

No of Plants Required: _____

Species Required: _____

Location where plants needs to be planted: _____

Coordinates of Location: _____

Forest Division / Nursery Name: (Optional) _____

Signature/Thumb Impression