

**FORM XXIX**  
**(see rule 63-O)**

Register of daily purchase at ----- specified purchase centre

Name of the special licensee .....

Name of specified purchase centre ..... date .....

Name of the incharge of purchase centre .....

Designation / capacity .....

S.No.	Name of purchaser	Address	Name of the producer purchased	Quantity/ Weight	Rate(Rs.)	Value of the agricultural produce (7)	Amount paid (Rs.)	No./Date of sale/ voucher
1	2	3	4	5	6	7	8	9

Date of the submission of sale voucher to the market committee concerned	Quantity of the agricultural produce purchased at the purchase centre during this year till previous day	Value of the agriculture produce purchased at the purchase centre during this year till previous day
10	11	12

Signature of Manager/ Incharge of  
Specified Purchase Centre

Name/Designation /Capacity

