



**ICAR Research Complex for NEH Region**  
(Indian Council of Agricultural Research)  
**Nagaland Centre, Jharnapani,**  
**Medziphema, Dimapur Nagaland – 797 106**



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**MUSHROOM SPAWN REQUISITION FORM**

1. Name of the farmer (IN CAPITAL) :
2. Address    i. Name of the Village    :  
                  ii. Block                                :  
                  iii. District                                :  
                  iv. Mobile No.                                :
3. No. of spawn packets required    :  
    (Rs. 25/packet)
4. Date of requirement of spawn    :
5. Signature of the farmer            :

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Mushroom Spawn Requisition Form will be available at Plant Pathology section and our website. Please submit duly signed form 10-15 days in advance to the office/Plant Pathology section. Request will also be sent through email- [icarnagaland@gmail.com](mailto:icarnagaland@gmail.com)

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