

## PART-V

*(To be filled in by the Secretary in-charge of the Forest Department or by any other authorized officer of the State Govt. not below the rank of Under Secretary)*

8. Recommendations of the State Government (Adverse comments made by any officer or authority in Part-B or Part-C or Part-D above should be specifically commented upon)

Date: \_\_\_\_\_

Signature

Name

Place: \_\_\_\_\_

Office Seal