QUARTERLY REPORT OF BIOLOGICAL ASSETS

	(Type of Biological Asset)
As at _	

Fund Cluster : __ For which (Name of Accountable Officer) , (Official Designation) , (Entity Name) is accountable, having assumed such accountability on _____(Date of Assumption)____. Balance Per Card Additions Reductions Balance Per Card Biological End of the Period Per Last Report Purchase Birth Total Sale Death Total Description Remarks Asset Cost/Fair Value Cost/Fair Cost/Fair Cost/Fair Number Quantity Fair Value Quantity Cost Quantity Fair Value Quantity Quantity Quantity Selling Price Quantity Fair Value Quantity Quantity Quantity Fair Value Value Value Value