

**MINISTRY OF AGRO-INDUSTRY AND FOOD SECURITY  
FOOD AND AGRICULTURAL RESEARCH AND EXTENSION INSTITUTE (FAREI)  
APPLICATION FORM: SOLAR POWERED COLD ROOM SCHEME 2023/2024**

**Category:** Individual  Association  Cooperative Society/Company

1. Surname: Mr/ Mrs/Ms ..... Name: .....
2. Name of Association/Cooperative/Company: .....
3. Date of registration of organisation with relevant authorities: ...../...../.....
4. SFWF registration card number:..... Age: .....
5. I.D. number of planter or representative of company/association: 

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*Please attached copy of the National ID for all members concerned*
6. Postal address:.....  
.....
7. Telephone number:..... Mobile number:..... E-mail address:.....
8. Farm / business address:.....  
.....
9. Land tenure: Owned  Leased  Lease period: From..... to.....
10. Land area occupied:.....arpent/m<sup>2</sup> Crops grown:.....  
.....
11. No. of years in farming business:.....

12. Equipment being acquired (details to be provided)

SN.	Equipment	Quantity	Price per Unit	Cost (Rs)

13. Name of supplier(s):.....

14. Address of supplier(s): .....

15 Estimated cost of equipment being acquired: Rupees.....

16 Amount of cash grant applied for : Rupees.....

17 Declaration:

I ..... hereby certify that all information given in this application form is true, correct and complete in every respect.

Signature:..... In capacity of:.....

Date of submission of application to FAREI:...../...../..... Office:.....

***Please note that this application will not be processed in case of failure on your part to submit any of the documents listed below.***

**For Office Use Only**

No	Item (Photocopies)	Submitted	Not Submitted	Remarks
1	N.I.D/business card/registration certificate			
2	Copy of National Identity Card for members*			
3	Copy of resolution for approval of project*			
4	SFWF card			
5	Detailed quotation from supplier/contractor			
6	Title deed/lease agreement			
7	Location plan of project site			
8	Permit /licences, if applicable			
9	Sketch/design of project			
10	Proof of funding			
11	FAREI field report			

*\* for cooperatives/associations*

Name of Officer:..... Signature:.....

Date application received:...../...../..... Office:.....

Acknowledgement Receipt delivered on:..... Applicant Signature: .....