MINISTRY OF AGRO-INDUSTRY AND FOOD SECURITY FOOD AND AGRICULTURAL RESEARCH AND EXTENSION INSTITUTE (FAREI) APPLICATION FORM: MICRO-PROPAGATION SCHEME 2023/2024										
Category:	Individual 🗆	Association	Со	operative Society / C	ompany 🗆					
1. Surnan	ne: Mr/ Mrs/Ms		Name	:						
2. Name	2. Name of Association/Cooperative/Company:									
3. Date of registration of organization with relevant authorities://										
4. SFWF Card Number: Age										
Compa	mber of applicant or re my/Association/Cooper ttached copy of the Natione	ative Sty.:	oncerned							
6. Postal Address:										
7. Telephone Number: Mobile Number: E-mail address:										
8. Farm / Business Address:										
9. Status: Owned Leased Lease period: From to to										
10. Proof of Knowledge/Experience:										
11. No. of	years in business:									
12. Equipment to be acquired (details to be provided)										
SN.	Equipm	ent	Quantity	Price per Unit	Cost (Rs)					

Ref. Code: <u>MP/___/__</u>/___/

13.	Name of supplier(s):				
14.	Address of supplier(s):				
15	Estimated cost of the equipment being acquired: Rs				
16	Amount of cash grant applied for : Rs				
17	Declaration:				
	Ι	hereby certify that all information given in this			
app	lication 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	Location plan of project site				
5	Detailed quotation from supplier / contractor				
6	SFWF card, if applicable				
7	Title deed/lease agreement				
8	Permit /licences, if applicable				
9	Brief of Project				
10	Proof of Knowledge/Experience				
11	Proof of funding				
12	FAREI field report				
	* for cooperatives/associations				

Name of Officer:	Signature:
	2
Date application received: / /	Office:
Acknowledgement Receipt delivered on:	Applicant Signature:

S/MP/2023/Rev 1.0

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