

MINISTRY OF AGRO-INDUSTRY AND FOOD SECURITY
FOOD AND AGRICULTURAL RESEARCH AND EXTENSION INSTITUTE (FAREI)
Application Form: RAINWATER HARVESTING – 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 organization with relevant authorities: / /
4. SFWF Card Number:..... Age
5. I.D. Number of planter/breeder or representative of
Company/Association/Cooperative Sty.:

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Please attached copy of the National ID for all members concerned
6. Postal Address:.....
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7. Telephone Number:Mobile Number:.....E-mail address:.....
8. Farm / Business Address:.....
9. Status: Owned Leased Lease period: From..... to.....
10. Land area occupied:.....Arpent or in m²
11. Crops grown/ Livestock activity:.....
12. No. of years in the farming business:.....
13. Production

Locality	Area under cultivation (Arp or m ²) No. of Heads/Birds	Main crop/ Livestock Species	Remarks

14. Name of Supplier(s)/Contractor:.....
15. Address of Supplier(s)/Contractor:
16. Total cost of System to capture rainwater: Rs.....
17. Amount applied for : Rs.....
18. Declaration:

I hereby certify that all information is 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	Sketch of rainwater harvesting system			
7	Title deed/lease agreement			
8	Location plan of the project			
9	Permit /licenses, if applicable			
10	Proof of funding			
11	FAREI field report			

** for cooperatives/associations*

Name of EO/SEO:..... Signature:.....

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

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