

MINISTRY OF AGRO-INDUSTRY AND FOOD SECURITY
FOOD AND AGRICULTURAL RESEARCH AND EXTENSION INSTITUTE (FAREI)
Application Form: SHELTERED FARMING 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 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 Crops grown:
11. No. of years in farming business:
12. Type of structure to be purchased: Locally Mounted Imported Area: m²
13. Have you followed a training session at FAREI on sheltered Farming Yes No
14. Name of supplier(s)/contractor:
15. Address of supplier(s)/contractor:
16. Total cost: Rs
17. Amount of cash grant applied for : Rs

18. Previous grant(s) benefitted under this scheme (if any)

a. Amount of grant benefitted: Date:

19. 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 the project site			
8	Permit /licences, if applicable			
9	Proof of funding			
10	FAREI field report			

**** for cooperatives/associations***

Name of Officer: Signature:

Date application received: / / Office:

Acknowledgement Receipt delivered on: Applicant Signature: