ef Code: <i>PC/NC//2024/</i>	• • • • • • •
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## MINISTRY OF AGRO INDUSTRY AND FOOD SECURITY FOOD AND AGRICULTURAL RESEARCH AND EXTENSION INSTITUTE (FAREI) Application Form

## <u>SHELTERED FARMING – REPAIR OF STRUCTURE AND PLASTIC/NET REPLACEMENT</u> SCHEME 2024

Juioge	ory of structure: Plastic covered/ Netting covered/	red Ca			
. Na	ame of applicant:				
2. ID	No	BRN/SFWF Reg No.			
B. Po	ostal address:				
l. Ph	none no: Mobile phone no:	E-	-mail Add:		
. Fa	rm/ business address:				
. Sh	Sheltered structure affected: No. of units:				
. Sta	Status of the sheltered structure: Operational / Not operational				
. To	Total cost: Rs Amount of cash grant applied for: Rs				
. Ba	ınk:	Account No	):		
Please	note that this application will not be processed ents listed below.		 on your part to submit any of		
Please locum	ents listed below.  For Office	in case of failure of	on your part to submit any of		
lease	ents listed below.  For Office	l in case of failure o			
Please ocum	ents listed below.  For Office	e Use Only Submitted/ Not	on your part to submit any of		
Please locum	Ents listed below.  For Offic  Item (Photocopies)  N.I.D of applicant  Small Farmer Welfare Fund Registration	e Use Only Submitted/ Not	on your part to submit any of		
No 1 2.	For Office  Item (Photocopies)  N.I.D of applicant  Small Farmer Welfare Fund Registration Card/ Business Card/Registration Certificate	e Use Only Submitted/ Not	on your part to submit any of		
lease ocumo No	Ents listed below.  For Offic  Item (Photocopies)  N.I.D of applicant  Small Farmer Welfare Fund Registration	e Use Only Submitted/ Not	on your part to submit any of		
No 1 2. 3.	Ents listed below.  For Office  Item (Photocopies)  N.I.D of applicant  Small Farmer Welfare Fund Registration Card/ Business Card/Registration Certificate  Valid Quotation /Invoice from supplier (s) known to FAREI  rks from Officer:	e Use Only Submitted/ Not submitted	Remarks		
No   1   2.   3.     Remain   1.	For Offic  Item (Photocopies)  N.I.D of applicant  Small Farmer Welfare Fund Registration Card/ Business Card/Registration Certificate Valid Quotation /Invoice from supplier (s) known to FAREI  rks from Officer: The applicant is known/not known as a plant	e Use Only Submitted/ Not submitted	Remarks		
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No   1   2.   3.     Remail   1.   2.   3.	Item (Photocopies)  N.I.D of applicant  Small Farmer Welfare Fund Registration Card/ Business Card/Registration Certificate  Valid Quotation /Invoice from supplier (s) known to FAREI  rks from Officer:  The applicant is known/not known as a plant Application recommended/ not recommended Reason for not recommending:	e Use Only Submitted/ Not submitted  ter to FAREI and the d for payment.	Remarks  e area is justified / not justified		
No   1   2.   3.	Item (Photocopies)  N.I.D of applicant  Small Farmer Welfare Fund Registration Card/ Business Card/Registration Certificate  Valid Quotation /Invoice from supplier (s) known to FAREI  rks from Officer: The applicant is known/not known as a plant Application recommended/ not recommende Reason for not recommending:	e Use Only Submitted/ Not submitted  ter to FAREI and the d for payment.	Remarks  e area is justified / not justified		
No   1   2.   3.     2.   3.     3.	Item (Photocopies)  N.I.D of applicant  Small Farmer Welfare Fund Registration Card/ Business Card/Registration Certificate  Valid Quotation /Invoice from supplier (s) known to FAREI  rks from Officer:  The applicant is known/not known as a plant Application recommended/ not recommended Reason for not recommending:	e Use Only Submitted/ Not submitted  ter to FAREI and the d for payment.	Remarks  e area is justified / not justified		
No 1 2. 3. Remai 1. 2. 3. Vame	Item (Photocopies)  N.I.D of applicant  Small Farmer Welfare Fund Registration Card/ Business Card/Registration Certificate  Valid Quotation /Invoice from supplier (s) known to FAREI  rks from Officer: The applicant is known/not known as a plant Application recommended/ not recommende Reason for not recommending:	e Use Only  Submitted/ Not submitted  ter to FAREI and the d for payment.  Signature:	Remarks  e area is justified / not justified		

Signature of Assistant Director: ...... Date: ......