

MINISTRY OF AGRO-INDUSTRY AND FOOD SECURITY
FOOD AND AGRICULTURAL RESEARCH AND EXTENSION INSTITUTE (FAREI)
APPLICATION FORM: PURCHASE AGRICULTURAL /PROCESSING EQUIPMENT - SCHEME 2024/2025
Crops / Agro-Processing

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/agro-processor or representative of company/association:

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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/m²

11. Crops grown/Agro-processing activities:

12. No. of years in farming business:

13. Equipment to be acquired (details to be provided)

SN.	Equipment	Quantity	Price per Unit	Cost (Rs)

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

15. Address of supplier(s):.....
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15 Estimated cost of equipment being acquired: Rupees.....

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

17 Previous grant(s) benefitted under this scheme (if any)

a. Amount of grant benefitted:..... Date:.....

b. Amount of grant benefitted:..... Date:.....

18 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			
6	Location plan of farm/production site			
7	Title deed/lease agreement			
8	Permit /licenses, 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: