Ref. Code	: AEL/	/ /
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MINISTRY OF AGRO-INDUSTRY AND FOOD SECURITY FOOD AND AGRICULTURAL RESEARCH AND EXTENSION INSTITUTE (FAREI) APPLICATION FORM: PURCHASE AGRICULTURAL /PROCESSING EQUIPMENT SCHEME 2025/ 2026 Livestock/Livestock Processing/Bee-keeping

	Category: Individual	\Box Association \Box	Coo	perative Society/Co	ompany 🗆			
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 breeder or representative of company/association:							
6.	. Postal address:							
7.	. Telephone number: Mobile number: E-mail address:							
8.	3. Farm/business address:							
9. Present livestock activity/ no of head (cattle/goat/sheep/deer) / No. of Beehives: 10. No of years of experience in above activity:								
11. Equipment being acquired (details to be provided)								
	SN.	Equipment	Quantity	Price per Unit	Cost (Rs)			
						-		
						-		
12. Name of supplier(s):								
13.	Address of supplier(s):							

15	Estimated cost of equipment being acquired: Rs					
16	Amount of cash grant applied for : Rs					
17 I	Previous grant(s) benefitted under this scheme (if a	ny)				
ä	a. Amount of grant benefitted:		Date:			
ł	o. Amount of grant benefitted:					
18 D	eclaration:					
	he	ereby certify that :	all information given	in this application		
	is true, correct and complete in every respect.	sicoy certify that t		in this application		
	gnature:	In cap	acity of:			
D	ate of submission of application to FAREI:/					
0	ffice:					
P	lease note that this application will not be proces	sed in case of fai	lure on your part to	submit any of the		
	ocuments listed below.					
F	or Office Use Only					
No	Item (Photocopies)	Submitted	Not Submitted	Remarks		
1	N.I.D/business card/registration certificate					
2	SFWF card, if applicable					
3	Detailed quotation from supplier					
4	Title deed/lease agreement					
5	Location plan of farm/production site					
6	Permit /licenses, if applicable					
7	Invoice/s					
8	Proof of funding					
9	FAREI field report					
Name	e of EO/SEO:	Signat	ture:			
Date	application received:/	Office	·			
Ackn	owledgement Receipt delivered on:	Applicar	nt Signature:			