Ref. Code: CCTV//////	Ref. Code: CCTV / / /	
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MINISTRY OF AGRO-INDUSTRY AND FOOD SECURITY FOOD AND AGRICULTURAL RESEARCH AND EXTENSION INSTITUTE (FAREI)

APPLICATION FORM: ACQUISITION OF CCTV CAMERA 2025/2026 (Planter / Livestock Breeder/Bee-keeper)

Cate	gory:	Individual \square	Association [☐ Cooperativ	e 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/Bee-Keeper or representative of Company/Association/Cooperative Sty.: Please attached copy of the National ID for all members concerned									
6.										
	7. Telephone Number: E-mail address: E-mail address: Sarm / Business Address:									
9. Status: Owned □ Leased□ Lease period: From to to 10. Type of CCTV surveillance equipment (details to be provided)										
	Sn	Locality	Area under cultivation (Arp) or spp and no. of heads	Equipment	Quantity	Price per Unit	Cost (Rs)			
	L		I		<u>l</u>					

11. Name of Supplier:								
12. Address of Supplier:								
13. Estimated cost: Rs								
14. <i>A</i>	14. Amount applied for: Rs							
15. I	Declaration:							
	[here	by certify that all in	nformation given in this				
	ication form is true, correct and complete in ever			-				
c	Signature: In capacity of:							
2	Signature:	in capacity of	:					
Ι	Date of submission of application to FAREI:	//_Of	ffice:					
,								
Please note that this application will not be processed in case of failure on your part to submit any of the documents listed below.								
 T	For Office Use Only							
No 1	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	On-site layout of surveillance system							
8	Permit /licences, if applicable							
9	Proof of funding							
10	FAREI field report							
	* for cooperatives/associations							
Nam	e of Extension Officer:	Si	gnature:					
Date	Date application received: / / / Office:							
Ackı	Acknowledgement Receipt delivered on: Applicant Signature:							