

MINISTRY OF AGRO-INDUSTRY AND FOOD SECURITY
FOOD AND AGRICULTURAL RESEARCH AND EXTENSION INSTITUTE (FAREI)
Application Form: SHELTERED FARMING SCHEME 2026/2027

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:
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.....
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:
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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:

Ihereby 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	Proof of turnover (less than Rs 10 M)			
5	SFWF card			
6	Detailed quotation from supplier/contractor			
7	Title deed/lease agreement			
8	Location plan of the project site			
9	BLUP or Zoning Certificate			
10	FAREI Certificate of attendance in Hydroponics Production			
11	Proof of funding			
12	FAREI field report			

****for cooperatives/associations***

Name of Officer:.....

Signature:.....

Date application received:...../...../.....

Office:.....

Acknowledgement Receipt delivered on:.....

Applicant Signature:

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