



# Ministry of Agro Industry and Food Security

## Small Farmers Welfare Fund

Proposal Form: \_\_\_\_\_ /14

### Agricultural Calamity Solidarity Scheme- Planter (ACASS)

<b>1. Proposer</b>				
				1.1 SPWF Reg. No <input type="text"/>
1.2 Surname: .....		1.3 Forename: .....		
1.4 Address: .....				
1.5 Phone No: <input type="text"/>		1.6 Mobile No: <input type="text"/>		
1.7 Experience in Agriculture: ..... yrs				
<b>2. Field Details</b>				
2.1 Location: .....		2.2 Region: .....		2.3 Region code .....
2.4 Field Status Stand : Owned <input type="checkbox"/> Rented <input type="checkbox"/> Free Arrangement <input type="checkbox"/>				
2.5 Period of lease: From ...../...../..... To: ...../...../.....				
2.6 Intended crop land: Pure stand <input type="checkbox"/> Interline/Mixed cropping <input type="checkbox"/>				
<b>3. Crop Production Plan for 12 month period</b>				
		From: .....		To: .....
3.1 Crops to be planted:	Variety	Expected/ Planting/Seedling Date	Expected/ Harvest Date	Expected Yield (kgs)
a)	.....	.....	.....	.....
b)	.....	.....	.....	.....
c)	.....	.....	.....	.....
Total Number of arpents under cultivation: .....				
<b>4. Irrigation details</b>				
4.1 Type of irrigation ( Please tick the correct box)				
		Sprinkler <input type="checkbox"/>	Micro Jet <input type="checkbox"/>	
		Pivot <input type="checkbox"/>	Drip <input type="checkbox"/>	
		Water Cans <input type="checkbox"/>		
4.2 Source of water:.....				
5. Contribution Paid: Rs .....				

**6. Declaration:** I..... declare and warrant that the above information provided in every respect is true and correct and I have not withheld any information likely to affect the acceptance of this proposal. I have been informed that support will be provided to me under the ACASS if any crops are damaged by more than 50% due to an event, i.e. the occurrence of cyclones, excessive rainfall and/or drought. I have also been informed that support will be provided for only one crop cycle during the cover period and will be calculated on the acreage under cultivation at the time of event. I take the responsibility to inform the SFWF of any new plantation conducted during the period of cover for the purpose of the Crop Stand Report (CSR) and to fill in a claim form to declare damage caused by after the occurrence of an event.

**6.1 Signature of Proposer:**..... **6.2 Date:** .....

**Name of Registering Officer:** ..... **Date:** ...../...../.....

**Signature of Registering Officer** .....

**IMPORTANT:** The issue of this proposal form and its completion does not in any way signify that the ACASS has become effective. The coverage will be effective two (2) weeks after this proposal date for existing fields and after germination for a new field.