

**MINISTRY OF AGRO INDUSTRY AND FOOD SECURITY
FOOD AND AGRICULTURAL RESEARCH AND EXTENSION INSTITUTE (FAREI)**

CROP NURSERY/CURING SCHEME

Category: Individual Company / Association/ Cooperative Society

1. Name of applicant:.....
2. Represented by:..... In capacity of:.....
3. Date of registration of organisation with relevant authorities:/...../.....
4. S.F.W.F. Card Number:..... Gender: Male Female Age.....
5. I.D. Number of planter or representative of Company/Association/Cooperative Sty.:

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6. Postal Address:.....
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.....
7. Telephone Number:..... Mobile Number:..... Fax Number:.....
E-mail address:.....
8. Farm/Business address:.....
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.....
9. Status: Owned Leased Lease period: From..... to.....
10. Area under cultivation in 2013:..... ha (.....Arpents)
11. Crops to be grown:.....
12. Number of years of experience in business:.....Years
13. Type of nursery/curing unit purchased: Locally Mounted Area:.....m² Imported Area:.....m²
14. Name of Supplier:.....
15. Address of Supplier:.....
.....
.....

16. Site of nursery/curing unit.....
 Availability: Water Electricity
17. Total cost of nursery/curing unit (in words): Rupees.....

18. Amount applied for (in words): Rupees.....

19. Please attach any relevant documents to support your application

Icertify that above information given is true and correct.

Signature:.....

In capacity of:.....

Date of submission of application to FAREI:...../...../.....

Office:

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	Site and location plan of nursery/ curing unit			
4	Quotation of nursery/curing unit from Supplier			
6	SFWF Card Number			
7	Invoices			
8	Title Deed/Lease Agreement			
9	Copy of Permit /Licenses			
10	Proof of funding			
11	FAREI field report			

Name of Extension Officer:..... Signature:.....

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

Date application submitted to Evaluation Committee:...../...../.....