

Application form for availing Assistance under CCS Horticulture Mission

To

Deputy Director of Horticulture

Distt. _____, Himachal Pradesh

Subject: Project proposal for availing Assistance under Horticulture Technology Mission for Integrated Development of Horticulture.

Sir,

I /We _____ S/O Sh. _____ intend to avail assistance under Stream of ACA scheme 'Rashtriya Krishi Vikas Yojna' on my /our land/orchard at Vill. _____, PO _____ Tehsil _____ Distt. _____

I/We shall feel obliged if the assistance on the components marked () below is granted under RKVY. The proposal /cost estimates for each component are attached.

1. Location /Address of the Orchard:
 - Village
 - Dev. Block
 - Distt.
 - Ha./Bigha
2. Total land owned by the beneficiary :
(Proof of land ownership (Kisan Pass Book /Certificate of the Patwari)
3. Type of land (Irrigated/Non-Irrigated)
4. Horticulture Crops Grown
5. Details of Accessibility of the Orchard/Farm
6. Component under which assistance requested
 1. Area Expansion :
 - Fruit Plantation, Vegetable, Floriculture, Medicinal & Aromatic Plants, Spices and Tuber Crops.
 2. Creation of water sources.
 - Community /Individual storage tank
 3. On farm water Management
 - Drip/Sprinkler Irrigation, Plastic Mulching, Green House, Low Tunnel, Shade net, Anti hail nets, Anti Bird Nets.
 4. On farm handling Units
 - To create facility for storage and handlings of produce at farm level.
 5. Production of planting material
 - Integrated Multi-Crop Nursery, Small Nursery, Progeny and Herbal Garden, Tissue Culture Unit.
 6. Transfer of Technology
 - Training with in state, Training Outside the state.

7. Popularization of organic Farming and use of Bio-fertilizers.
Adoption of organic farming, Vermicompost units, Certification of organic Produce.
 8. Promotion of Agriculture equipments
Manual, Power Tiller, Power Operated, Diesel Engine.
 9. Promotion of Integrated Pest Management
Use of Bio pesticide (Ha)
 10. Establishment of Plant Health Clinic
Public/Private
 11. Establishment of Tissue /Leaf Analysis Laboratories.
Public/Private
 12. Development of Beekeeping
Bee Colonies and Hives, Migration, Promotion of the Bee Breeder
 13. Entrepreneurial Development of Women Farmer
Training, Self Help Group
7. Total cost Estimate of the proposal for all components Rs. _____ i.e
Rs.(_____)
1. I/We certify that the particulars furnished above by me/us are true to the best of my/our knowledge and belief that nothing has been concealed there in.
 2. I/We give an undertaking to the effect that the department of horticulture and other concerned agencies shall have the right to inspect the material purchased /quality of then material and work done.
 3. In case of misutilization or non-utilization of assistance in whole or part , I/we undertake to refund the amount of assistance granted to me/us in full and in lump-sum, along with the interest at the prevailing bank rates thereon.

Yours faithfully,

Name

Address

Application along with project proposal /relevant documents for assistance to the extent of Rs. _____ (Rs. _____) is forwarded to the Deputy Director of Horticulture, Distt. _____ Himachal Pradesh for consideration and onward transmission to the Director of Horticulture ,Himachal Pradesh.

Horticulture Development Officer

Dev. Block /Ext. Centre _____

Distt. _____ H.P

Recommended and countersigned

Dy. Director of Horticulture,
Distt. _____
Himachal Pradesh