

**I. APPLICATION FORM FOR AVAILING ASSISTANCE UNDER MISSION FOR INTEGRATED DEVELOPMENT OF HORTICULTURE**  
**(\* Application II and III for Cold/ CA storages and Food Processing Units )**

TO

DEPUTY DIRECTOR OF HORTICULTURE,  
DISTT. \_\_\_\_\_ HIMACHAL PRADESH,

Subject- PROJECT PROPOSAL FOR AVAILING ASSISTANCE UNDER MIDH (MISSION FOR INTEGRATED DEVELOPMENT OF HORTICULTURE (MIDH) (HMNEH).

Sir,

I/we \_\_\_\_\_ S/o, D/o, W/o Sh. \_\_\_\_\_  
age \_\_\_\_\_ category Gen/SC/ST/OBC, contact number \_\_\_\_\_ permanent resident  
of Village \_\_\_\_\_ PO \_\_\_\_\_ Tehsil \_\_\_\_\_ Distt \_\_\_\_\_  
\_\_\_\_\_ intend to avail assistance under Mission for Integrated Development Horticulture on  
my/ our land/ orchard at Village \_\_\_\_\_ PO \_\_\_\_\_ Tehsil \_\_\_\_\_  
Distt. \_\_\_\_\_ HP.

I/we shall feel obliged if the assistance on the components marked below is granted under Horticulture Mission. The proposals/cost estimates for each component are attached.

1. LOCATION/ ADDRESS OF THE ORCHARD:-
2. TOTAL LAND OWNED BY THE BENEFICIARY (in Ha):- (Jamabandi/ certificate from Patwari and Tatima of land on which infrastructure is to be created)
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.....  
2.....

7. TOTAL COST ESTIMATE Rs. \_\_\_\_\_ OF THE PROPOSAL FOR ALL COMPONENTS.

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 are other concerned agencies shall have the right to inspect the material purchased/quality of the material and work done.
3. In case of miss utilization 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 and Address of the Applicant  
\_\_\_\_\_  
\_\_\_\_\_

Application along with project proposal/relevant documents for assistance to the extent of 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. \_\_\_\_\_, HP

Subject Matter Specialist  
Dev. Block.....

Approved  
Dy. Director/SMS (Hort.), .....Distt. .... HP

vest

## II. APPLICATION FORM FOR INTEGRATED POST HARVEST MANAGEMENT COLD AND CA STORAGES

To

The Deputy Director of Horticulture  
Distt..... HP

Subject: Application for construction/ modernization/expansion of Cold/ CA Storages under Integrated Post Harvest Management component of MIDH.

ving

1. Name: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Postal Address: \_\_\_\_\_

2. Constitution: Individual/Company/Joint Promoter/Government

### In case of Individual

3. Category: SC/S/T/CBC/Ex Service Man  
4. Gender : Male/Female \_\_\_\_\_ Age \_\_\_\_\_  
5. Occupation :  
5. Promoters/beneficiary profile:

### In case of companies

Registration number & date of registration  
· Registering authority  
· Act under which Registered  
· Authorized share capital \_\_\_\_\_  
· Paid up share capital \_\_\_\_\_ Reserves & surplus \_\_\_\_\_  
(by end of last financial year)

nd

es

as

**THE PROPOSED ACTIVITY**..... is located at Survey/Khasra No. \_\_\_\_\_ Village \_\_\_\_\_, Taluka \_\_\_\_\_, District \_\_\_\_\_, Himachal Pradesh.  
**COMPONENT FOR WHICH ASSISTANCE IS REQUESTED**

### In case of expansion of Existing capacity of .....storages, Chamber (s) Capacity in MT

Chamber No. 1 .....  
Chamber No. 2 .....  
Chamber No. 3 .....  
Chamber No. 4 .....  
Total .....

### In case of proposed new establishment of ...storages Chamber (s) Capacity in MT

Chamber No. 1 .....  
Chamber No. 2 .....  
Chamber No. 3 .....  
Chamber No. 4 .....  
Total .....

### In case of modernization of .....storages Chamber (s) Capacity in MT

Chamber No. 1 .....  
Chamber No. 2 .....  
Chamber No. 3 .....  
Chamber No. 4 .....  
Total .....

### Justification for Additional Capacity/Modernization

Whether the proposed activity in application is (Yes/No) a completely a new activity (if No, the details of preexisting activity or any component thereof included in the application should be indicated clearly)

.....  
.....

(b) Whether any subsidy has been availed Yes/No for the proposed proposal/activity from Central Govt. or any of its Agencies.

(if YES, please indicate clearly in detail

**PROPOSED PROJECT COST (Component wise)**

- 1.
- 2.

**PROPOSED MEANS OF FINANCE**

- (i) Promoter's share .....
- (ii) Bank/FI term loan .....
- (iii) Proposed subsidy from other sources, if any .....
- a) Form State Govt. ....
- b) From Central Govt. other than NHB .....

Total .....

**Whether any assistance in the form of soft loan and subsidy has been availed by the beneficiary earlier from any other Govt. Agency. If yes, give details thereof.**

- (i) MFPI :
- (ii) APEDA :
- (iii) NHB :
- (iv) Technology Mission:

**Name of the Bank/FI from where the term loan is availed/to be availed by the Beneficiary (Please enclose a copy of the duly filled up term loan Application).**

- a) Name of Bank: .....
- b) Details of Bank Branch: .....
- c) Bank Code: .....

**Date & Amount of sanction of term loan, if any :** \_\_\_\_\_

**Details of release of term loan, if any :** \_\_\_\_\_

**DETAILS OF LAND**

- i) Whether own land (ancestral): \_\_\_\_\_
- ii) Whether own land purchased: \_\_\_\_\_
- iii) Whether leased If so, how many years lease : \_\_\_\_\_

**Whether lease/tenancy/contract is registered with the Competent Registration Authority (copy of the proof of each title be enclosed)**

**Name & address of consultant who prepared the project report (DPR)**

Certified that the information/contents as above furnished by me/us in the application are true to the best of my/our knowledge & belief and nothing material has been concealed. In case, any information furnished in the application is found false, my/our application may be rejected out rightly at any stage by the Department.

Place:  
Date :

**(Signature of the Beneficiary)**  
Name & Address:  
Telephone/Fax No.

Req  
MID

Appli  
desig  
appli  
pres

Rele

Rel

(i) [  
Jud  
(ii) I  
star  
(iii)  
obj  
(iv)  
Ba:  
by  
as  
gui  
Re  
Th  
on  
ins  
10  
(i)  
pr  
(ii)  
th  
ar  
(ii  
in  
ir

8

d for

### III. APPLICATION FORM FOR ESTABLISHMENT OF FOOD PROCESSING UNITS

#### A. Promoters

- 1 Name & Address of the Promoter including telephone, fax, email etc.
2. Type of organization like Govt. Institution /organization, Industry Association, University, NGO, Co-operative, others etc.
3. Background/credentials of applicant organization
4. Financial Status
5. Existing Industry if any

#### B. Project Description

6. Name of the Project
7. Location/Area of the project
8. Products/By Products
9. Process with complete flow chart
10. Technology (Indigenous/ imported )
11. Capacity of the Plant/Unit
12. In case of expansion/modernization of existing facilities/unit (details of existing capacity and proposed capacity after expansion & alongwith capacity utilization)

#### C. Project Cost (indicating proposed cost, appraised cost separately)

13. Capital Investment (Fixed Capital)
  - i. Land Area Cost
  - ii. Building
  - iii. Civil Works
  - iv. Technical Civil Works
14. Plant & Machinery (Indigenous)  
(Capacity/Specification /Cost)
15. Imported Machinery  
(Capacity/Specification /Cost)
16. Pre-operative expenses
17. Working Capital
18. Raw Material/Packaging  
(Source/Quantity/Cost)
19. Labour  
(Quantity/Cost)
20. Effluent Disposal  
(Method/Machinery/Cost)

#### D. Means of Finance (indicating proposed & appraised means of finance, separately)

21. Means of Financing
  - a) Equity Promoter/Foreign/Other)
  - b) Loan (Term/working capital)
  - c) Assistance from other sources
  - d) Fund requirement from Ministry (MFPI)

#### TOTAL :-

22. Financial Benchmarks
  - a) Cash Flow
  - b) Break Even Point
  - c) Internal Rate of Return
  - d) Debt Equity Ratio
  - e) Debt Service Coverage Ratio
23. In case of expansion/modernisation all the above benchmarks to be given separately-existing as well as projected

#### E. Marketing

24. Marketing
  - a) Existing Market
  - b) Future Demand
  - c) Marketing Strategy
  - d) Linkage to farm/backward linkages
  - e) Forward market linkages

duly

well  
cod

any  
DOI  
me

**F. Implementation Schedule**

25. Item of work

Date of implementation (Bar charts/Milestone Charts may be enclosed)

**G. Personnel**

26. Details of technical & Managerial personnel (Operation, Maintenance, managerial, finance, marketing etc.) required & available.

**H. Employment Generation- Direct/Indirect**

27.

- a) Direct (male & Female Separately)
- b) Indirect (male & Female Separately)

Date:  
Place:  
Encl: List of documents attached.

Signature  
Name and Designation  
Seal of the organization

**Annexure-I**

**(Letter Head of the Bank)  
Certificate**

1. Certified that this bank has appraised the project of M/s ..... (Name and address of the organization) for MIDH grant as per guidelines of the scheme and also sanctioned term loan of Rs. .... lakh (if applicable).
2. It is further certified that we have released Rs..... lakh (50% of sanctioned term loan) to M/s ..... (Name and address of the organization).
3. We have no objection in releasing 1<sup>st</sup> installment of grant if sanctioned by the State Govt.

(Signature)  
(Name)  
(Branch Manager)  
(Branch IFSC Code)  
State Mission Director (MIDH)  
State \_\_\_\_\_

*Subsidy Reserve Bank Account no.*

**Annexure-II**

**(Letter Head of the Bank)  
Certificate**

1. Certified that this bank has released 100% of term loan (if applicable) sanctioned i.e. Rs. ....lakh and also 1st instalment of grant of Rs. .... lakh released by the State Mission Director (MIDH) vide sanction order No. .... Dated..... to M/s ..... (Name and address of the organization), which has been credited in account number..... of the firm.
2. We have no objection in releasing 2nd instalment of grant if sanctioned by the State Govt.

(Signature)  
(Name)  
(Branch Manager)  
(Branch IFSC Code)  
State Mission Director (MIDH)  
State \_\_\_\_\_