

**II. APPLICATION FORM FOR INTEGRATED POST HARVEST MANAGEMENT COLD AND CA STORAGE**

To

The Deputy Director of Horticulture

Distt.  HP

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

1. Name

Permanent Address

Postal Address

2. Constitution

**In case of Individual**

3. Category

4. Gender  Age

5. Occupation

6. 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
  - Reserve and surplus
- (By end of last financial year)

The proposed Activity  is located at survey /Khasra No.

Village  Taluka , District

H.p.

**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**

a) 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) From 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               | <input type="text"/> |
| ii)  | APEDA              | <input type="text"/> |
| iii) | NHB                | <input type="text"/> |
| iv)  | Technology Mission | <input type="text"/> |

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           | <input type="text"/> |
| b) | Details of Bank Branch | <input type="text"/> |
| c) | Bank code              | <input type="text"/> |

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)               | <input type="text"/> |
| II)  | Whether own land purchased                 | <input type="text"/> |
| III) | Whether leased if so, how many years lease | <input type="text"/> |

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.

**(Signature of the Beneficiary)**

Place

Date

Name & Address

Telephone /Fax No.