

APPLICATION FOR FINANCIAL ASSISTANCE FOR UPGRADATION OF NURSERIES

1. Name of the applicant (in block letters) :
2. Address of the applicant (in block letters) :
3. Location (exact route of approach to
the nursery) :
4. Whether belongs to SC/ST :
5. State whether the applicant is a private entrepreneur/
Public institute :
6. If the unit is financed by a nationalized Bank,
give details
a) Total loan sanctioned :
7. Details of the existing cashew/cocoa nursery
a) Area (ha.) :
b) Number of grafts proposes to produce per year :
i) Name of the varieties :
ii) Source of procurement of scion :
d) Whether the nursery is approved by any
Government organization
If yes, give the approval number :
f) Proposed price of graft :

8. Details of expenditure propose to for upgradation Expenditure incurred

	Rs.	Ps.
b) Working shed	:	
c) Fencing	:	
d) Drip/sprinkle Irrigation mother block	:	
e) Green house	:	
f) Shade nets	:	
g) Drip / sprinkler- irrigation system	:	
h) Nucleus Mother block	:	

Declaration of applicant

I/We.....S/o/W/o/D/o/M/s.....address.....

.....hereby declare that the information furnished above is true and correct and I/We shall abide by the terms and conditions prescribed by the Directorate of Cashewnut and Cocoa Development for availing myself/ourselves of the financial assistance for establishing cashew nursery. I/We propose to incur Rs.....(Rupees..... only as expenditure for the production of..... numbers of quality cashew seedlings per year from the cashew nursery covering an area of ha.

Place:

Date:

Signature of the applicant

Certificate

(Certificate of Agriculture/Horticulture Officer
of State Govt./officers of the Directorate)

I Shri./Smt.....have inspected the site for the cashew nursery of the above applicant, and to the best of my knowledge and belief, the applicant propose to upgrade cashew/cocoa nursery in a suitable site, covering an area ofha, with a production capacity ofgrafts per year. The applicant has followed all the criteria prescribed for the production of quality grafts.

(Office seal)

Place:

Signature

Date:

Name & Designation
of the Officer