## APPLICATION FORM FOR INDIVIDUAL BENEFICIARY FOR MATCHING GRANTS UNDER COMPONENT 2 OF THE PROJECT

INTEGRATED DEVELOPMENT PROJECT FOR SOURCE SUSTAINABILITY AND CLIMATE RESILIENT RAINFED AGRICULTURE (HPIDP)

To,
District Project Officer
District Una(H.P.)

Sir/Madam,

Subject: To avail assistance under the Matching Grant Scheme (MGS) of HPIDP

	W/o, D/o, S/o Sh	intend to avail assistance
1244	ne Matching Grant Scheme (MGS)	of <b>HPIDP</b> for my field/farm at
	in this Matching Grants Manual.	follow the process and procedures
estimated	obliged if the assistance on the items mention cost/s is granted to me.	oned below along with the total
Sr. No	Item for which assistance required	Total cost of the item as per IPL

I need technical assistance for the above-mentioned item/items: - Yes/ No

Social Category:
Phone No
Aadhar linked Bank A/c No
Bank Name/Branch
IFSC Code No
Aadhaar Card No
Khasra No./ Jamabandi
Declaration
<ol> <li>I certify that the particulars furnished above by me are true to the best of my knowledge and believe that nothing has been concealed therein.</li> <li>I give an undertaking to the effect that the Department or any other authorized agency shat have the right to inspect and audit the material/s purchased/ quality of the material and work done and all related records.</li> <li>In case of misutilization or non-utilization of assistance in whole or part, I undertake to refund the amount of assistance granted to me in full or in lump-sum, along with interest there on at the prevailing bank rates, as agreed with the DPO in such an eventuality.         Yours faithfully,</li> </ol>
(Signature) Name:
Date& Place:
Certificate from Gram Panchayat
Certified that Sh./SmtW/o, D/o, S/o
which falls within this Gram Panchayat, and belongs (strike out not applicable) to General/Small& Marginal/SC/ST/Project Identified Vulnerable category(strike out not applicable) of farmer according to the GPRMP, and her/his case is recommended for obtaining assistance under HPIDP.
Signature with official stamp  Gram Pradhan  Name of Gram Panchayat

[For office	cial use only]
Application (No) along with projethe extent of INR is forward further action.	ect proposal/relevant documents for assistance to arded to DPO, (district name), fo
Comments from APO	
	Assistant Project Office
	District
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	n of concerned DPO
Grant amount of INR (in wo	ords
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