APPLICATION FORM FOR GROUP BENEFICIARY

INTEGRATED DEVELOPMENT PROJECT FOR SOURCE SUSTAINABILITY AND

To,	E RESILIENT	RAINFED A	GRICULTURE (H	PIDP)	
District Project Officer					
District					
Himachal Pradesh					
Subject: To avail assis	tance unde	r the Matchi	ng Grant Sch	eme (MGS) of H	PIDP
Sir/Madam,					
We members in the group farms/fields/Business Plan at v	/illage	tend to avai	accietance "	nder lining	NA. 11 NA
We will bear percent o deposit an upfront share of 5' additional 2% of the total c	ost to the	IDP-OMIF	ards ORIM in	CHE CHAIN	
We shall feel obliged i	f a matchin	g grant is p	rovided to ou	ır group under	the HPIDP,

Sr. No.	Particulars	Estimated
\\	and the state of t	Estimated cost (per IPL)

V	Ve need technical assistance for	the above-mentioned item/items:	Yes/ No			
If	"Yes", specify what kind of tech	nnical assistance is required and why?				
i.,		***************************************	·			
	ffice-bearers of the Group					
	Sr. Name No.	Contact Number	Designation			
1	1.					
	2.					
	3.					
	4.					
	5.					
Add	litional information required fro	m the PG/WUG, along with self-attest				
	Bank Details	an the ray word, along with sen-attest	ea photocopies:			
	Name of Account holder					
	Aadhar linked Bank Account N					
	Bank Name and Branch					
	IFSC Code	(3)				
2.	Khasra/ Jamabandi Number (vith photocopy)				
3.	Resolution passed by the Group (signed by all members): Yes/ No					
4.	and when the funds would b	ness plan with relevant information p e utilized, a detail cost estimate, ind s and mechanism for benefit-sharing.	ertaining to how, where cluding the groups own			

Declaration

- We certify that the particulars furnished above by us are true to the best of our knowledge and believe that nothing has been concealed therein.
- 2. We give an undertaking to the effect that the Department or any other authorized agency shall have the right to inspect and/or audit the material/s purchased/ quality of the material and work done and all related records.
- 3. In case of miss-utilization or non-utilization of assistance in whole or part, we undertake to refund the amount of assistance granted to us in full or in lump-sum, along with the interest at the prevailing bank rates thereon, as agreed with the DPO in such an eventuality.

Yours faithfully, President (signature & name) Name of Group..... Certificate from Gram Panchayat Certified that the members of ----- group of Village -----P.O Tehsil Distt Himachal Pradesh permanent residents of this village and their application is in accordance with the approved GPRMP. Thus, the case is recommended for obtaining assistance under the project. Signature with official stamp Gram Pradhan Name of Gram Panchayat [For official use only] Application (No._____) along with project proposal/relevant documents for assistance to the extent of INR is forwarded to DPO, (district name),for further action. Comments from APO Assistant Project Officer Block District

Recommendation of concerned DPO

Grant amount of INR	(in words <u></u>) only,
is hereby recommended in favor of	(nan	ne of the
WUG/PG), against Application No	They have fulfilled the criteria acc	ording to
the guidelines/instructions and norms	s of the Matching Grants Scheme under HPIDP.	
Comments from DPO	·······	
	District Proj	
		District
	Himach	al Pradesh

Va.