

ANNEXURE III

GOVERNMENT OF MEGHALAYA
DIRECTORATE OF HORTICULTURE
MEGHALAYA, SHILLONG.

APPLICATION FOR LOW COST POLYHOUSE FOR VEGETABLE CULTIVATION (20__ – 20__)

Sir/Madam,

I wish to apply for assistance under the Vegetable Development Scheme 20__ -20__ for setting up a low – cost polyhouse for cultivation of vegetables.

I hereby declare that I am a resident of _____ village _____ district and that I own approx _____ ha of arable land in _____ village. I further undertake to provide the framework for the said polyhouse at my cost and that I will provide the operational costs for the same. Furthermore, I will not claim any further assistance from the Government and will use the said polyhouse for cultivation of vegetables only. My EPIC No. is _____ (copy enclosed).

I undertake to abide by all the rules and guidelines stipulated by the Government in the Directorate of Horticulture.

Dated:

Sh/ Smti. (_____)
Village (_____)
District (_____)

CERTIFICATE OF VILLAGE HEADMAN

Certified that Sh/ Smt. _____, is a permanent resident of village _____ district. His/ her EPIC No. is _____, and he/ she owns approx. _____ of land in the said village.

Dated:

Signature. _____
Shri _____
Headman/ Nokma/ Doloi _____

CERTIFICATE

Certified that I have inspected the above mentioned site of Sh/ Smt. _____ of village _____ and satisfied myself that he/ she meets all the stipulations required for award of assistance to construct a low cost polyhouse for cultivation of vegetables as per the guidelines of the scheme. His/ Her application may kindly be considered as prayed for.

Sh/ Smti. (_____)
HDO/ HD _____
ADO Circle/ Block _____
District (_____)

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APPROVAL

Certified that I have scrutinised all relevant documents (Identification, Certificate of Headman, availability of water, Accessibility etc.) of the above applicant.

His/her application meets/ does not meet all the requirements for the said purpose and I, therefore, hereby approve/ reject the application for setting up the said polyhouse in the _____ cluster in _____ district.

Dated:

Sh/Smt(_____)

District Horticulture Officer
_____ District