



DIRECTORATE OF CASHEWNUT AND COCOA DEVELOPMENT
Ministry of Agriculture & Farmers Welfare, Govt. of India,
Kera Bhavan, Kochi-11

**APPLICATION FOR FINANCIAL ASSISTANCE FOR CASHEW NEW PLANTING
PROGRAMME UNDER MIDH**

District	Block	Panchayat	Photo								
1. Name of applicant	: _____										
2. Sex	: Male/Female										
3. Address	: _____ _____										
PIN Code _____		Mobile No. _____									
4. Aadhaar No.	:										
5. Bank details											
<table border="1"><thead><tr><th>Name of Bank</th><th>Branch</th><th>IFSC code</th><th>Account No.</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Name of Bank	Branch	IFSC code	Account No.				
Name of Bank	Branch	IFSC code	Account No.								
6. Whether belong to SC/ST (Please tick)	<table border="1"><tr><td>SC</td><td>ST</td><td>Others</td></tr></table>			SC	ST	Others					
SC	ST	Others									
7. Total area in which cashew grafts are newly planted @ 200 plants/ha	<table border="1"><thead><tr><th>Survey No</th><th>Area</th></tr></thead><tbody><tr><td> </td><td> </td></tr></tbody></table>			Survey No	Area						
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8. Whether the applicant is the owner of the above mentioned land	<table border="1"><tr><td>YES</td><td>NO</td></tr></table>			YES	NO						
YES	NO										
9. Method of irrigation	<table border="1"><tr><td>Basin</td><td>Drip</td><td>Pot</td><td>Sprinkler</td></tr></table>			Basin	Drip	Pot	Sprinkler				
Basin	Drip	Pot	Sprinkler								
10. Variety & total no. of Grafts	: _____ Nos										

Affidavit of the Applicant

I, _____ S/o, W/o, D/o _____ address
_____ hereby declare that the details
furnished above are true and I will abide by all terms and conditions laid down by the
DCCD under MIDH for availing financial assistance during the year 20__, and also refund
the amount in the event of any false information found submitted by me.

Signature
Name

Certificate
(Certificate of authorized officer)

I, _____ have inspected the above new plantation site. The
applicant has planted & maintained as per the norms fixed by DCCD during the year 20__.
I hereby certified that the applicant has established and maintained the cashew plantation
satisfactory

Date _____ Signature: _____
Name of the officer: _____
Office seal