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Directorate of Fisheries
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Application Form To Obtain Financial Assistance for Construction of New Ponds for Brackish Water Aquaculture and Input Cost for Brackish Water Aquaculture

| | | |
|----|--|--|
| 1. | Name of the Applicant | |
| 2. | Address | |
| 3. | Contact No. | |
| 4. | Aadhaar Card No. | |
| 5. | Whether belongs to SC/ ST | |
| 6. | Details of Location (Site / land/ water) where project activities are proposed to be taken up. | |
| | (a) Registration No. of CAA | |
| | (b) Total area of the farm: | |
| | (c) Total water spread area: | |
| | (d) No. of Ponds | |
| 7. | Technical details Specific to project. (Project Report) | |
| 8. | Cost estimates | |

Signature of the Applicant

Date:

Place:

ENCLOSURES:

| | | |
|----|--|--------------------------|
| 1. | 15 years Residence Certificate of applicant | Enclosed /Not Enclosed |
| 2. | CAA Registration Certificate | Enclosed /Not Enclosed |
| 3. | Aadhaar Card | Enclosed/Not Enclosed |
| 4. | SC/ST Certificate (if applicable) | Enclosed /Not Enclosed |
| 5. | Detailed Project Report | Enclosed/Not Enclosed |
| 6. | Quotation/ Cost Estimates | Enclosed/Not Enclosed |
| 7. | Work completion certificate from the registered Engineer | Enclosed/Not Enclosed]02 |
| 8. | Mandate form (2 copies) | Enclosed/Not Enclosed |

DECLARATION

I hereby declare that the particulars given above are true and correct to the best of my knowledge and belief and also declare that I have not obtained any subsidy in the past on the above farm and in the event the information furnished by me is found to be false the application is liable to be rejected.

Signature of the applicant

Date:

Place:

(Incomplete Application shall be rejected)

VERIFICATION

(For use of Fisheries Surveyor/Officer/A.S.F. at V.P./B.D.O./Sub Office level/CEO, BFDA)

- 1) All the necessary documents furnished along with this application have been verified and found in order which are duly attested by Gazetted Officer/Self Attested.
- 2) I have personally inspected the Farm of the above applicant along and found that the culture is in progress.

Name & Signature of F.S./F.O./A.S.F./CEO, BFDA:- _____

Remark if any:- _____

UNDERTAKING

(For Beneficiary Oriented Projects)

I/weson/daughter/wife of
..... residing at
..... hereby declare that
the information furnished above is true to the best of my/our knowledge and belief. I am/we are
fully aware if it is found that the information furnished by me/we is false or there is any kind of
deviation/violation of conditions under which assistance is provided to me, any action as deemed
fit for violation of this condition may taken against me/us.

I/we hereby declare and certify that we have not availed of any subsidy assistance from
any Government Agencies for creation of the facilities. It is further informed that we will not
claim assistance from any other institutions.

Date:

Place:

Signature of Applicant

Countersigned by the Implementing Agency

Date:

Place:

Signature and seal of authorized
Representative of implementing agency

Place:

Dated:

DEPONENT