

TO

DEPUTY DIRECTOR OF HORTICULTURE,
DISTT. _____, HIMACHAL PRADESH.

SUBJECT: - PROJECT PROPOSAL FOR AVAILABLE FOR INTEGRATED
DEVELOPMENT OF HORTICULTURE.

SIR,

I/we _____ S/O Sh. _____ intend to avail
assistance under Horticulture Technology Mission on my/our land/orchard at Vill.

_____, PO _____ Tehsil _____, Disst. _____.

I/we shall feel obliged if the assistance on the components marked ()
below is granted under Horticulture Technology Mission. The proposals/ cost estimates for
each components are attached.

Village Dev.Block Disst.

1. LOCATION/
ADDRESS OF THE ORCHARD

2. TOTAL LAND OWNED BY Ha. /Bigha
THE BENEFICIARY: -
Proof of land ownership
(Kisan Pass book/Certificate
of the Patwari)

3. TYPE OF LAND Irrigated/Non irrigated

4. HORTICULTURE CROPS GROWM

5. DETAILS OF ACCESSIBILITY OF THE ORCHARD/FARM

6. COMPONENTS UNDER WHICH ASSISTANCE REQUESTED: -

1. **Area Expansion:**
Fruit Plantation, Vegetable, Floriculture, Medicinal & Aromatic Plants,
Spices and Tuber Crops.
2. **Creation of water sources**
Community/Individual Storage Tank
3. **On farm water Management**
Drip/Sprinkler Irrigation, Plastic Mulching, Green House, Low
Tunnel, Shade Net, Anti Hail Nets, Anti Bird Nets
4. **On Farm Handling Units**
To create facility for storage and handling of produce at farm level
5. **Production of Planting Material**
Integrated Multi Crop Nursery, Small Nursery, Progeny and Herbal
Garden, Tissue Culture Unit

6. **Transfer of Technology**
Training Within State, Training outside State.
7. **Popularization of Organic Farming and use of Bio-Fertilizers**
Adoption of Organic Farming, Vermi-Compost Units, Certification of Organic Produce.
8. **Promotion of agriculture Equipments**
Manual, Power Tiller, Power Operated, Diesel Engine
9. **Promotion of Integrated pest management**
Use of Bio-Pesticide (Ha)
10. **Establishment of Plant Health Clinic**
Public/Private
11. **Establishment of Tissue/ Leaf analysis laboratories**
Public/Private
12. **Development of Bee Keeping**
Bee Colonies and Hives, Migration, Promotion of Bee Breeder
13. **Entrepreneurial development of Women Farmer**
Training Self Help Groups

7. **TOTAL COST ESTIMATE** Rs. _____
OF THE PROPOSAL FOR ALL
COMPONENTS

1. I/we certify that the particulars furnished above by me/us are true to the best of my/our knowledge and belief that nothing has been concealed there in.
2. I/we give an undertaking to the effect that the Department of Horticulture And other concerned agencies shall have the right to inspect the material purchased/quality of the material and work done.
3. In case miss utilization or non utilization of assistance in whole or part, I/we Undertake to refund the amount of assistance granted to me/us in full and in lump sum, along with the interest at the prevailing Bank rates thereon.

Yours Faithfully,

Name and Address of the Applicant,

Application along with project proposal/relevant documents for assistance to the extent of Rs. _____, is forwarded to the Deputy Director of the Horticulture Distt. _____, Himachal Pradesh for consideration and onward transmission to the Director of Horticulture, Himachal Pradesh.

Horticulture Development Officer,
 Dev. Block/Ext. Centre _____,
 Distt. _____, HP

Countersigned/Recommended

Dy. Director of Horticulture, Disst. _____
 Himachal Pradesh