

DEPARTMENT OF AGRICULTURAL DEVELOPMENT AND FARMERS WELFARE
CLUSTER REGISTRATION FORM FOR 2019-20

District: KASARAGOD

Block: MANJESWARAM

Krishi Bhavan: ENMAKAJE

1. Name of the Cluster : SWARGA ORGANIC CLUSTER

2. Name & Address of the farmer :

with mobile number

3. AADHAR number :

4. Category :

5. Total Area & Survey Nos. :

	Arecanut	Coconut	Banana	Pepper	Others
Crop Area cultivated					
No. of Plants/Palms					

6). Bank Name & Branch:

b). Account Number:

DECLARATION BY THE FARMER

I hereby declare that the above furnished particulars are correct and true to the best of my knowledge and belief. I am fully aware of this scheme and shall abide by the rules and norms related to the scheme.

Date:

Signature of the farmer

RECOMMENDATION OF CLUSTER CONVENOR

Verified the above particulars of Shri/Smt..... and recommended for the assistance under the Organic cluster scheme as per the norms and provisions of the scheme.

Name & Signature of the Convenor

RECOMMENDATION OF AGRICULTURAL ASSISTANT

Verified the above particulars of Shri/Smt..... and recommended for the below mentioned assistance/inputs under the Organic cluster scheme.

Name & Signature of the Agrl. Assistant

ORDER OF SANCTION

Sanctioned the assistance/inputs as per the recommendation.

Signature of the Agricultural Officer