ಕ್ರಮ. ಸಂಖ್ಯೆ / SI No. ;

For CDB official use only			
CDB Code no. of First year			
Area			
No. of Seedlings			
Subsidy (Rs.)			

दूरवाणी Ph:080-26593750 फेक्स Fax:26594768 ईमेइल E.Mail: cdbroblr@gmail.com Web: www.coconutboard.gov.in

ತೆಂಗು ಅಭಿವೃದ್ಧಿ ಮಂಡಳಿ नारियल विकास बोर्ड COCONUT DEVELOPMENT BOARD

(ಕೃಷಿ ಮತ್ತು ರೈತರ ಕಲ್ಯಾಣ ಮಂತ್ರಾಲಯ, ಭಾರತ ಸರ್ಕಾರ)

(कृषि एवं किसान कल्याण मंत्रालय, भारत सरकार)

(Ministry of Agriculture and Farmers Welfare, Government of India)

"केराभवन" "Kerabhavan", क्षेत्रीय कार्यालय RO, हुलिमावु Hulimavu, बन्नेरघट्टा रोड B.G.Rd. बेंगलूरु B'luru-560076

ಹೊಸದಾಗಿ ತೆಂಗು ಬೆಳೆಯಲು (ಎರಡನೆ ವರ್ಷದ) ಸಹಾಯದನಕ್ಕೆ ಅರ್ಜಿ

APPLICATION FOR EXPANSION OF AREA UNDER COCONUT SCHEME (SECOND YEAR)

ಜಿಲ್ಲೆ / DISTRICT:				
ತಾಲ್ಲೂಕು / TALUK:				
1. ಅರ್ಜಿದಾರನ ಹೆಸರು (ದಪ್ಪ ಅಕ್ಷರದಲ್ಲಿ)				
Name of the applicant (In block letters)				
ಲಿಂಗ/ Sex (please tick $\sqrt{\ }$)	ಪುರುಷ / Male	ಸ್ತ್ರಿ / Female	ಮೂರನೇ	ಲಿಂಗ / Third Gender
ಅರ್ಜಿದಾರನ ಪೂರ್ಣ ವಿಳಾಸ (ಧಪ್ಪ ಅಕ್ಷರದಲ್ಲಿ)		-		
Address of the Applicant (In block letters)				
ಮನೆ ನಂ. / Door No.				
ಬೀದಿ / Street:				
ಹಳ್ಳಿ / Village				
ಹೋಬಳಿ / Hobli:				
ಅಂಚೆ / Post				
ಪಿನ್ ಸಂಖ್ಯೆ / Pin No.				
ವೊಭೈಲ್ ಸಂಖ್ಯೆ / Mobil No.:				
2. ಆಧಾರ್ ಸಂಖ್ಯೆ ಆಧಾರಿತ ಬ್ಯಾಂಕಿನ ವಿವರಗಳು / Aad	har linked Bank D	etails		
a) ಆಧಾರ್ ಸಂಖ್ಯೆ / Aadhar Number				
b) ಬ್ಯಾಂಕಿನ ಹೆಸರು / Name of Bank				
c) ಬ್ಯಾಂಕಿನ ಶಾಖೆ / Branch				
d) ಬ್ಯಾಂಕಿನ ಅಕೌಂಟ್ ಸಂಖ್ಯೆ / Account No.				
e) ಐ ಎಫ್ ಎಸ್ ಸಿ ಕೋಡ್/ IFSC code				
೩. ಅರ್ಜಿದಾರನ ಜಾತಿ / ಪಂಗಡ	ಎಸ್ ಸಿ/ SC	ಎಸ್ ಟಿ/	ST	ಸಾಮಾನ್ಯ /
				GENERAL
3.Whether applicant belongs to SC/ST/General				
ಳ(a) ತೆಂಗಿನ ಗಿಡಗಳನ್ನು ನಾಟಿ ಮಾಡಿದ ವಿವರಗಳು	1			
4(a) Details of planting				

	Jac Jack / Surryon No.	
• •	ಸರ್ವೆ ಸಂಖ್ಯೆ / Survey No	
b)	ಹೊಸದಗಿ ನಾಟಿಮಾದಿದ ಗಿಡಗಳ ವಿಸ್ತೀರ್ಣ /	
	Area under new plating	
c)	ವೊದಲನೆ ವರ್ಷ ನಾಟಿಮಾದಿದ ಗಿಡಗಳ ಸಂಕೆ /	
	No. of seedlings planted during first	
	year	
d)	ಹುಳಿದುಕೊಂಡಿರುವ ತೆಂಗಿನ ಗಿಡಗಳ ಸಂಖ್ಯ್ /	
e)	No. of surviving seedlings. ಮೊದಲ ಕಂತಿನಲ್ಲಿ ಪದೆದ ಸಬ್ಸಿಡಿ ಹಣ	
c)	/ Amount availed as 1st installment of	ರೂ. / Rs
	subsidy	
	~~~~,	
ಸ್ಥಳ 🖊	Place:	
ದಿನಾಂಕ	/ Date:	
		ಅಭ್ಯರ್ಥಿಯ ಸಹಿ / Signature / Thump Impression of applicant
		To Table 1 to 1 t
		CERTIFICATE
		Officer of the State / UT / Technical Officer of the Board)
furnish		ined number of seedlings properly and information
furnish	Certified that the applicant has mainta ed in his application is correct.	ined number of seedlings properly and information
Place:		
Place:		Signature
Place:		
furnish Place: Dated:		Signature
Place:	ed in his application is correct.	Signature  OFFICE SEAL  Name and designation of the officer
Place: Dated:	ed in his application is correct.	Signature OFFICE SEAL
Place: Dated:	ed in his application is correct.	Signature  OFFICE SEAL  Name and designation of the officer
Place: Dated:	ed in his application is correct.	Signature  OFFICE SEAL  Name and designation of the officer  OFFICE USE ONLY
Place: Dated:	ed in his application is correct.	Signature  OFFICE SEAL  Name and designation of the officer
Place: Dated: Verifyi	ed in his application is correct.  FOR  GROER  ORDER	Signature  OFFICE SEAL  Name and designation of the officer  OFFICE USE ONLY  Name and Designation  S OF THE CHAIRMAN
Place: Dated: Verifyi	FOR  The second of the second	Signature  OFFICE SEAL  Name and designation of the officer  OFFICE USE ONLY  Name and Designation
Place: Dated: Verifyi	ed in his application is correct.  FOR  GROER  ORDER	Signature  OFFICE SEAL  Name and designation of the officer  OFFICE USE ONLY  Name and Designation  S OF THE CHAIRMAN
Place: Dated: Verifyi	FOR  The second of the second	Signature  OFFICE SEAL  Name and designation of the officer  OFFICE USE ONLY  Name and Designation  S OF THE CHAIRMAN
Place: Dated: Verifyi	FOR  The second of the second	Signature  OFFICE SEAL  Name and designation of the officer  OFFICE USE ONLY  Name and Designation  S OF THE CHAIRMAN