



SMALL FARMERS WELFARE FUND

APPLICATION FORM

Subsidy on Testing of Products Scheme for Milk Agro Processors (STePS)

PART 1:

1 INFORMATION DETAILS:

SFWF Registration No:

1.1. Enterprise / Individual Name:

1.2. Address:

1.3. Contact Person:

1.4. Phone No.:

Fax No.:

Mobile No.:

E-mail Add:.....

1.5. Business Registration Number (BRN) (if any):

2. TESTING FACILITIES DETAILS

A. MILK TESTING:

SN	TYPE OF MILK	FOOD TECHNOLOGY LABORATORY QUOTATION REF. AND DETAILS OF PROPOSED TESTS	COST
1	Raw Milk		Rs.
			Rs.
			Rs.
		SUB TOTAL	Rs.

SN	TYPE OF MILK	FOOD TECHNOLOGY LABORATORY QUOTATION REF. AND DETAILS OF PROPOSED TESTS	COST
2	Pasteurized Milk		Rs.
			Rs.
			Rs.
		SUB TOTAL	Rs.

B. WATER TESTING:

TEST	FOOD TECHNOLOGY LABORATORY QUOTATION REF. AND DETAILS OF PROPOSED TESTS	COST
Water		Rs.
		Rs.
		Rs.
	SUB TOTAL	Rs.

C. FEED TESTING:

TYPE OF FEED	FOOD TECHNOLOGY LABORATORY QUOTATION REF. AND DETAILS OF PROPOSED TESTS	COST
		Rs.
		Rs.
		Rs.
	SUB TOTAL	Rs.
GRAND TOTAL		Rs.

Declaration: I declare and warrant that the above information provided in every respect is true and correct and I have not withheld any information likely to affect the acceptance of this application. I am hereby applying for the financing under the Subsidy on Testing of Products Scheme for Milk Agro Processors (STePS) on my above product/s to be conducted by the Food Technology Laboratory (FTL).

3. Signature of Applicant: **3.1** Date:/...../.....

4. Signature of Registering Officer: **4.1** Date:/...../.....

PART 2:

5. Certified by: **5.1**
 (Name of Programme Welfare Officer - PWO) (Signature of PWO)

6. Remark/s:

7. Date:/...../.....

PART 3:

8. Approved: **8.1** Not Approved:

9. **9.1** Date:/...../.....
 (Signature of Manager)