



SMALL FARMERS WELFARE FUND
REGISTRATION FORM
Testing Facilities for Agro Processors

PART 1:

1 INFORMATION DETAILS:

1.1. Name of Applicant:

1.2. Status:

1.3. Name of Entity (Company, Co-operative, etc):

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

1.5. Address:

Phone No.:

Fax No.:

Mobile No.:

E-mail Add:.....

1.6. Detail of breeders being serviced (as Annex I)

2. 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 of the Testing Facilities for Agro Processors on my above product/s to be conducted by the Food Technology Laboratory (FTL).

3. Signature of Applicant: **4.1** Date:/...../.....

4. Signature of Registering Officer: **5.1** Date:/...../.....

PART 2:

5. Certified by: **6.1**
(Name of Programme Welfare Officer -PWO) (Signature of PWO)

6. Remark/s:

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

PART 3:

8. Approved:

9.1 Not Approved:

9.
(Signature of Manager)

10.1 Date:/...../.....

Annex I

SN	NAME	REG NO.