



Modalities of Communication Form

This form is to be used by project participants in order to submit the statement of Modalities of Communication.

Date of submission:

11/11/2009

SECTION 1: PROJECT DETAILS

1. Title of the CDM project activity:

CFL lighting scheme – “Bachat Lamp Yojana”

2. Please state project ID Number if available:

SECTION 2: NOMINATION OF FOCAL POINTS

3. Details of the entity/ies nominated as focal point

Notes:

- **Sole Focal Point authority** - A signature of an authorised signatory of ONLY the entity listed below is required for communication related to the corresponding scope of authority.
- **Shared Focal Point authority** - A signature of an authorised signatory of ANY of the entities listed below is required for communication related to the corresponding scope of authority.
- **Joint Focal Point authority** - A signature of an authorised signatory of ALL entities listed below are required for communication related to the corresponding scope of authority.

Name of the entity: Bureau of Energy Efficiency

This entity is nominated as focal point for:

Sole

Shared

Joint

(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs:

X

(b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participants (includes changes in company's name and legal status, addresses, etc.):

X

(c) Communication with the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project:

X

Contact details (primary authorised signatory):

Mr. X Ms

Last name: *Kumar*

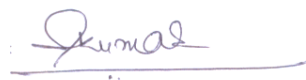
Telephone: +91 11 2617 9699

First name: *Saurabh*

Fax: +91 11 2617 8352

Email: *skumar@beenet.in*

Address:
Bureau of Energy Efficiency, 4th Floor, Sewa Bhawan, R K Puram, New Delhi-110066 INDIA



Specimen signature:

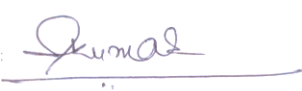
Contact details (alternate authorised signatory):	Mr. Ms. X
Last name: <i>Thakur</i>	Telephone: +91 11 2617 9699
First name: <i>Vandana</i>	Fax: +91 11 2617 8352
Email: <i>vthakur@beenet.in</i>	Address: <i>Bureau of Energy Efficiency, 4th Floor, Sewa Bhawan, R K Puram, New Delhi-110066 INDIA</i>



Specimen signature:

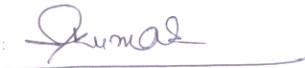
SECTION 3: STATEMENT OF AGREEMENT

This statement shall bind all project participants and will be valid until a superseding statement is submitted to the CDM Executive Board and the UNFCCC secretariat at the address below by the designated focal point for communication with the Secretariat and CDM EB on matters related to registration and/or issuance. The secretariat and CDM EB are not aware of, and take no responsibility for, the private contractual arrangements and property rights between or among project participants and all project participants bear full responsibility for the continuing validity of such arrangements and rights. By signing below, all project participants confirm that they agree to the terms of this agreement on a voluntary basis.

For (name of entity): <i>Bureau of Energy Efficiency</i> Full name of authorised signatory: <i>Saurabh Kumar</i>  Signature:	For (name of entity): Full name of authorised signatory: Signature:
--	---

**CDM Registration and Issuance Unit
UNFCCC
Martin-Luther-King Str. 8
53175 Bonn
Germany**

F-CM-MOC Form: ANNEX 1

Date of submission:	11/11/2009
SECTION 1: PROJECT DETAILS	
1. Title of the CDM project activity:	<i>CFL lighting scheme- “ Bachat lamp Yojana”</i>
2. Please state reference number if available:	
SECTION 2: LIST OF PROJECT PARTICIPANTS	
Name of the entity: <i>Bureau of Energy Efficiency</i>	
Party (country that authorised participation): <i>India</i>	
Contact details (primary authorised signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: <i>Kumar</i>	Telephone: +91 11 2617 9699
First name: <i>Saurabh</i>	Fax: +91 11 2617 8352
Email: <i>skumar@beenet.in</i>	Address: <i>Bureau of Energy Efficiency, 4th Floor, Sewa Bhawan, R K Puram, New Delhi- 110066, INDIA</i>
Specimen signature: 	
Contact details (alternate authorised signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: <i>Thakur</i>	Telephone: +91 11 2617 9699
First name: <i>Vandana</i>	Fax: +91 11 2617 8352
Email: <i>vthakur@beenet.in</i>	Address: <i>Bureau of Energy Efficiency, 4th Floor, Sewa Bhawan, R K Puram, New Delhi- 110066, INDIA</i>
Specimen signature: 