CDM-MOC-FORM: ANNEX 1

This annex is required at the 'request for registration' stage only and is submitted by the validating DOE together with CDM-MOC-FORM ("Modalities of communication statement").

SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project / programme of activities	Biomass based steam generation project at Raichur, India
Project / programme of activities reference number: *(if available)*	3926

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: M/s Shilpa Medicare Limited		
Address: 10/80, Rajendra Gunj, Raichur , 584102 Karnataka India		
Party (country authorizing participation): India		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Bhutada		Telephone 1:
First name: Vishnukanth		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Kalakota		Telephone 1:
First name: Sharath Reddy		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):