

**CDM-MOC-FORM Form: ANNEX 1**

<b>Date of submission</b>		24/07/2012
<b>Section 1: Project Details</b>		
<b>1. Title of the CDM project activity</b>	Grid connected renewable energy project in India	
<b>2. Please state project ID Number if available</b>	4450	
<b>Section 2: List of project participants</b>		
<b>Name of the entity:</b> M/s Eastman International		
<b>Party (country that authorised participation):</b> India		
<b>Contact details (primary authorised signatory):</b>	Mr.	
Last name: Bedi	Telephone:	
First name: Arminder Singh	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorised signatory):</b>		
Last name:	Telephone:	
First name:	Fax:	
Email:	Address:	
Specimen signature:		
<b>Name of the entity:</b> M/s Avon Cycle limited		
<b>Party (country that authorised participation):</b> India		
<b>Contact details (primary authorised signatory):</b>	Mr.	
Last name: Pahwa	Telephone:	
First name: Onkar Singh	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorised signatory):</b>		
Last name:	Telephone:	
First name:	Fax:	
Email:	Address:	
Specimen signature:		

<b>Name of the entity:</b> M/s Rita International	
<b>Party (country that authorised participation):</b> India	
<b>Contact details (primary authorised signatory):</b>	Mr.
Last name: Gupta	Telephone:
First name: Rakesh	Fax:
Email:	Address:
Specimen signature:	
<b>Contact details (alternate authorised signatory):</b>	
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	
<b>Name of the entity:</b> M/s Maxwell Inc.	
<b>Party (country that authorised participation):</b> India	
<b>Contact details (primary authorised signatory):</b>	Mr.
Last name: Singal	Telephone:
First name: Atul	Fax:
Email:	Address:
Specimen signature:	
<b>Contact details (alternate authorised signatory):</b>	
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	

<b>Name of the entity:</b> M/s Mukand Industries	
<b>Party (country that authorised participation):</b> India	
<b>Contact details (primary authorised signatory):</b>	Mr.
Last name: Singal	Telephone:
First name: Sachin	Fax:
Email:	Address:
Specimen signature:	
<b>Contact details (alternate authorised signatory):</b>	
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	
<b>Name of the entity:</b> M/s Ramesh Steels	
<b>Party (country that authorised participation):</b> India	
<b>Contact details (primary authorised signatory):</b>	Mr.
Last name: Singal	Telephone:
First name: Atul	Fax:
Email:	Address:
Specimen signature:	
<b>Contact details (alternate authorised signatory):</b>	
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	