CDM-MOC-FORM Form: ANNEX 1

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

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

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