

## 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                                                                                                         |                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Title of the project / programme of activities</b>                                                                                                          | 50 MW Kurnool Solar PV Power Project by M/s Prayatna Developers Pvt. Ltd. at Gani, Kurnool, AP.                    |
| <b>Project / programme of activities reference number:</b><br>(if available)                                                                                   | 10592                                                                                                              |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                                                                                              |                                                                                                                    |
| <b>Name of entity:</b><br>Prayatna Developers Pvt. Ltd.                                                                                                        |                                                                                                                    |
| <b>Address:</b><br>Adani Corporate House,<br>Shantigram,<br>Near Vaishno Devi Circle,<br>S. G. Highway,<br>Khodiyar,<br>Gujarat,<br>382 421 Ahmedabad<br>India |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>India                                                                                                     |                                                                                                                    |
| <b>End-date of participation:</b>                                                                                                                              | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                                                                                                         | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                               |
| Last name: Trivedi                                                                                                                                             | Telephone 1:                                                                                                       |
| First name: Dhaval                                                                                                                                             | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                                                                         | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                                                            | Date (dd/mm/yyyy):                                                                                                 |
| <b>Contact details (alternate authorized signatory):</b>                                                                                                       |                                                                                                                    |
| Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                                                                           |                                                                                                                    |
| Last name: Gedia                                                                                                                                               | Telephone 1:                                                                                                       |
| First name: Alpesh                                                                                                                                             | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                                                                         | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                                                                            | Date (dd/mm/yyyy):                                                                                                 |