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

| Date of submission                                   |                                                                           | 22/05/2012 |
|------------------------------------------------------|---------------------------------------------------------------------------|------------|
| Section 1: Project Details                           |                                                                           |            |
| 1. Title of the CDM project activity                 | Wind Power Project in Rajasthan, India by M/s Devki<br>Builders Pvt. Ltd. |            |
| 2. Please state project ID Number if available       | 5923                                                                      |            |
| Section 2: List of project participants              |                                                                           |            |
| Name of the entity: M/s Devki Builders Pvt. Ltd.     |                                                                           |            |
| Party (country that authorised participation): India |                                                                           |            |
| Contact details (primary authorised signatory):      | Mr.                                                                       |            |
| Last name:<br>Agarwal                                | Telephone:                                                                |            |
| First name:<br>Surendra                              | Fax:                                                                      |            |
| Email:                                               | Address:                                                                  |            |
| Specimen signature:                                  |                                                                           |            |
| Contact details (alternate authorised signatory):    |                                                                           |            |
| Last name:                                           | Telephone:                                                                |            |
| First name:                                          | Fax:                                                                      |            |
| Email:                                               | Address:                                                                  |            |
| Specimen signature:                                  |                                                                           |            |