

## 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>                             | 2 MW Gogripur Hydro Power Project at Village Gogripur, District Karnal of State Haryana (India)                    |
| <b>Project / programme of activities reference number:</b><br>(if available)      | 7052                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                 |                                                                                                                    |
| <b>Name of entity:</b><br>M/s P&R Gogripur Hydro Power Pvt. Ltd.                  |                                                                                                                    |
| <b>Address:</b><br>Quite Office No. 7, 2nd Floor, Sector-35A, Chandigarh<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: Ruppall                                                                | Telephone 1:                                                                                                       |
| First name: Pavaljeet Singh                                                       | 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: Agrawal                                                                | Telephone 1:                                                                                                       |
| First name: Manoj Kumar                                                           | Telephone 2 (optional):                                                                                            |
| Email:                                                                            | Fax (optional):                                                                                                    |
| Specimen signature:                                                               | Date (dd/mm/yyyy):                                                                                                 |