

# CDM-MOC-FORM Form: ANNEX 1

|                                                                                  |                                    |            |
|----------------------------------------------------------------------------------|------------------------------------|------------|
| <b>Date of submission</b>                                                        |                                    | 07/06/2012 |
| <b>Section 1: Project Details</b>                                                |                                    |            |
| <b>1. Title of the CDM project activity</b>                                      | 9 MW Beas Kund Hydel Power Project |            |
| <b>2. Please state project ID Number if available</b>                            | 3801                               |            |
| <b>Section 2: List of project participants</b>                                   |                                    |            |
| <b>Name of the entity:</b><br>M/s Kapil Mohan & Associates Hydro Power Pvt. Ltd. |                                    |            |
| <b>Party (country that authorised participation):</b><br>India                   |                                    |            |
| <b>Contact details (primary authorised signatory):</b>                           | Mr.                                |            |
| Last name:<br>Talwar                                                             | Telephone:                         |            |
| First name:<br>Ravinder                                                          | Fax:                               |            |
| Email:                                                                           | Address:                           |            |
| Specimen signature:                                                              |                                    |            |
| <b>Contact details (alternate authorised signatory):</b>                         |                                    |            |
| Mr.                                                                              |                                    |            |
| Last name:<br>Gupta                                                              | Telephone:                         |            |
| First name:<br>Rupesh                                                            | Fax:                               |            |
| Email:                                                                           | Address:                           |            |
| Specimen signature:                                                              |                                    |            |