

# CDM-MOC-FORM Form: ANNEX 1

|                                                                |                                                                                               |            |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------|
| <b>Date of submission</b>                                      |                                                                                               | 02/07/2012 |
| <b>Section 1: Project Details</b>                              |                                                                                               |            |
| <b>1. Title of the CDM project activity</b>                    | 6 MW biomass based grid connected power generation by M/s Armstrong Energy Pvt. Ltd at Nashik |            |
| <b>2. Please state project ID Number if available</b>          | 4617                                                                                          |            |
| <b>Section 2: List of project participants</b>                 |                                                                                               |            |
| <b>Name of the entity:</b><br>M/s Armstrong Energy Pvt. Ltd.   |                                                                                               |            |
| <b>Party (country that authorised participation):</b><br>India |                                                                                               |            |
| <b>Contact details (primary authorised signatory):</b>         | Mr.                                                                                           |            |
| Last name:<br>Bhujbal                                          | Telephone:                                                                                    |            |
| First name:<br>Sameer                                          | Fax:                                                                                          |            |
| Email:                                                         | Address:                                                                                      |            |
| Specimen signature:                                            |                                                                                               |            |
| <b>Contact details (alternate authorised signatory):</b>       |                                                                                               |            |
| Last name:                                                     | Telephone:                                                                                    |            |
| First name:                                                    | Fax:                                                                                          |            |
| Email:                                                         | Address:                                                                                      |            |
| Specimen signature:                                            |                                                                                               |            |