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

| Date of submission                                                  |                                                                                | 09/05/2012 |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------|------------|
| Section 1: Project Details                                          |                                                                                |            |
| 1. Title of the CDM project activity                                | 10 MW Biomass Power Project by Shalivahana (Biomass)<br>Power Projects Limited |            |
| 2. Please state project ID Number if available                      | 5803                                                                           |            |
| Section 2: List of project participants                             |                                                                                |            |
| Name of the entity: M/s Shalivahana (Biomass) Power Project Limited |                                                                                |            |
| Party (country that authorised participation): India                |                                                                                |            |
| Contact details (primary authorised signatory):                     | Mr.                                                                            |            |
| Last name:<br>Komaraiah                                             | Telephone:                                                                     |            |
| First name:<br>M.                                                   | Fax:                                                                           |            |
| Email:                                                              | Address:                                                                       |            |
| Specimen signature:                                                 |                                                                                |            |
| Contact details (alternate authorised signatory):                   | Mr.                                                                            |            |
| Last name:<br>Raja Babu                                             | Telephone:                                                                     |            |
| First name:<br>I.                                                   | Fax:                                                                           |            |
| Email:                                                              | Address:                                                                       |            |
| Specimen signature:                                                 |                                                                                |            |