

Modalities of Communication Statement (Version 03.0)

Date of submission:		08/03/2022				
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS						
Title of the project/programme of activities:	Hydro electric power project by Pradesh	y SJVNL i	in Himach	al		
Project/programme of activities reference number: <i>(if available)</i>	4568					
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES						
Notes: • <u>Sole</u> Focal Point authority - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority. • <u>Shared</u> Focal Point authority - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority. • <u>Joint</u> Focal Point authority - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority.						
Name of entity: Satluj Jal Vidyut Nigam Limited (SJVNL)						
Address: Shakti Sadan, Corporate Office Complex, SJVN, Shanan, Shimla 171006 Himachal Pradesh India						
This entity is nominated as a focal point with the authority to:		Sole	Shared	Joint		
(a) Communicate in relation to requests for forwarding of CER				X		
(b) Communicate in relation to requests for addition and/or voluntary withdrawal of project participants and focal points, as well as changes to company names, legal status, contact details and specimen signatures						
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above				X		
Contact details (primary authorized signatory):	Mr. 🛛 Ms.					
Last name: Sankaranarayanan	Telephone 1:					
First name: V.	Telephone 2 (optional):					
Email:	Fax (optional):					
Specimen signature:	Date (dd/mm/yyyy):					
Is this entity changing its name?	No					
Former entity name, if applicable:						
Is this entity also a project participant?	Yes					
If the entity is also a project participant, do the same signatories represent it in its project participant role?	Yes					
Name of entity: MPCON Limited						
Address: Ground Flood, Rajiv Gandhi Bhawan-2, 35, Shyamla Hills 426002 Bhopal India						
This entity is nominated as a focal point with the authority to:		Sole	Shared	Joint		

CDM-MOC-FORM

 (a) Communicate in relation to requests for forwarding of CER (b) Communicate in relation to requests for addition and/or voluntary withdrawal of project participants and focal points, as well as changes to company names, legal status, contact details and specimen signatures 		X X
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	
Last name: Mishra	Telephone 1:	
First name: Manoj	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Is this entity changing its name?	No	
Former entity name, if applicable:		
Is this entity also a project participant?	No	
If the entity is also a project participant, do the same signatories represent it in its project participant role?		