

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	
Title of the project / programme of activities	Grid connected bundled wind projects in Gujarat and Tamil Nadu
Project / programme of activities reference number: <i>(if available)</i>	6690
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: M/s GMR Power Infra Limited	
Address: IBC knowledge Park, D Block, 4th floor, Bannerghatta Road, Bangalore 560029 Karnataka India	
Party (country authorizing participation): India	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Matta	Telephone 1:
First name: S.K.V.N. Rao	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Udathu	Telephone 1:
First name: Kalyanram	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: M/s GMR Renewable Energy Limited	
Address: IBC knowledge Park, D Block, 4th floor, Bannerghatta Road, Bangalore 560029 Karnataka India	
Party (country authorizing participation): India	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Matta	Telephone 1:
First name: S.K.V.N. Rao	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Udathu	Telephone 1:

First name: Kalyanram	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):