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

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| **Date of submission** | 16/04/2012 |
| **Section 1: Project Details** | |
| **1. Title of the CDM project activity** | Wind based power project in Maharashtra by Siddhayu Ayurvedic Research Foundation Pvt. Ltd. |
| **2. Please state project ID Number if available** | 5700 |
| **Section 2: List of project participants** | |
| **Name of the entity:**<br>M/s Siddhayu Ayurvedic Research Foundation (P) Limited | |
| **Party (country that authorised participation):**<br>India | |
| **Contact details (primary authorised signatory):** | Mr. |
| Last name:<br>Sharma | Telephone: |
| First name:<br>Pranav | Fax: |
| Email: | Address: |
| Specimen signature: | |
| **Contact details (alternate authorised signatory):** | |
| Last name: | Telephone: |
| First name: | Fax: |
| Email: | Address: |
| Specimen signature: | |