

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: M/s Siddhayu Ayurvedic Research Foundation (P) Limited | | |
| Party (country that authorised participation): India | | |
| Contact details (primary authorised signatory): | Mr. | |
| Last name: Sharma | Telephone: | |
| First name: Pranav | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| Contact details (alternate authorised signatory): | | |
| Last name: | Telephone: | |
| First name: | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |