

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

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