CDM-MOC-FORM Form: ANNEX 1

Date of submission	15/12/2011
Section 1: Project Details	
1. Title of the CDM project activity	1.85 MW Bundled Wind Power Generation in Tamil Nadu
2. Please state project ID Number if available	4998
Section 2: List of project participants	
Name of the entity: M/s Makson Healthcare (P) Limited	
Party (country that authorised participation): India	
Contact details (primary authorised signatory):	Mr.
Last name: Patel	Telephone:
First name: Mayur	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorised signatory):	Mr.
Last name: Patel	Telephone:
First name: Switu	Fax:
Email:	Address:
Specimen signature:	
Name of the entity: M/s Makson Industries Pvt. Limited	
Party (country that authorised participation): India	
Contact details (primary authorised signatory):	Mr.
Last name: Patel	Telephone:
First name: Rajendra	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorised signatory):	Mr.
Last name: Jaimini	Telephone:
First name: Amit	Fax:
Email:	Address:
Specimen signature:	