

## 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	
<b>Title of the project / programme of activities</b>	8.5 MW wind power based electricity generation in the Northern and Western region grids of India
<b>Project / programme of activities reference number:</b> (if available)	3783
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Asian Hotels Limited	
<b>Address:</b> Bhikaji Cama Place, Ring Road, New Dehli India	
<b>Party (country authorizing participation):</b> India	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Dhariwal	Telephone 1:
First name: Satyen	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Subarwal	Telephone 1:
First name: Jyoti	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Bhole Baba Milk Food Industries (Dholpur) Private Limited	
<b>Address:</b> 7/52D, Nagla Jawahar, Bye-Pass Road, Agra India	
<b>Party (country authorizing participation):</b> India	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Mangal	Telephone 1:
First name: Prashant	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	

Last name: Agarwal		Telephone 1:	
First name: Krishna Murari Lal		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>Name of entity:</b> Eastman Impex			
<b>Address:</b> Ind. Area-C, Sua Road Dhandasi Kalan Ludhiana India			
<b>Party (country authorizing participation):</b> India			
<b>End-date of participation:</b>		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Soni		Telephone 1:	
First name: Subhash Kumar		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>Contact details (alternate authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Singh		Telephone 1:	
First name: Daljeet		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>Name of entity:</b> Eel India Limited			
<b>Address:</b> 402 Udyog Uthar, P-III, Gurgaon Haryana India			
<b>Party (country authorizing participation):</b> India			
<b>End-date of participation:</b>		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Deshmukh		Telephone 1:	
First name: Rahul Ratnakar		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>Contact details (alternate authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Sahu		Telephone 1:	

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