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

## CDM-MOC-FORM

Last name: Agarwal First name: Krishna Murari Lal Email: Specimen signature: Name of entity: Eastman Impex Address: Ind. Area-C, Sua Road		Telephone 1: Telephone 2 (optional): Fax (optional): Date (dd/mm/yyyy):
Email: Specimen signature: Name of entity: Eastman Impex Address: Ind. Area-C, Sua Road		Fax (optional):
Specimen signature: Name of entity: Eastman Impex Address: Ind. Area-C, Sua Road		
Name of entity: Eastman Impex Address: Ind. Area-C, Sua Road		Date (dd/mm/yyyy):
Eastman Impex Address: Ind. Area-C, Sua Road		
Eastman Impex Address: Ind. Area-C, Sua Road		
Ind. Area-C, Sua Road		
Dhandasi Kalan Ludhiana India		
<b>Party (country authorizing partici</b> India	ipation):	
End-date of participation:	$\boxtimes$ N/A (participation is not limited in time) $\square$ dd/mm/yyyy	
Contact details (primary authoriz	ed signatory):	Mr. 🖾 Ms.
Last name: Soni		Telephone 1:
First name: Subhash Kumar		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authoriz	zed signatory):	Mr. 🛛 Ms.
Last name: Singh		Telephone 1:
First name: Daljeet		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Eel India Limited		
Address: 402 Udyog Uthar, P-III, Gurgaon Haryana India		
<b>Party (country authorizing partici</b> India	pation):	
End-date of participation:	▶ N/A (participation	is not limited in time) dd/mm/yyyy
Contact details (primary authoriz	ed signatory):	Mr. 🛛 Ms.
Last name: Deshmukh		Telephone 1:
First name: Rahul Ratnakar		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
	zed signatory).	Mr M Ma
Contact details (alternate authoriz	icu signatur yj.	Mr. 🛛 Ms. 🗖

## CDM-MOC-FORM

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