

## 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>                                 | Grid connected Solar PV Project in Rajasthan by GAIL (India) Ltd.  |
| <b>Project / programme of activities reference number:</b><br>(if available)          | 9718   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                     |  |
| <b>Name of entity:</b><br>M/s GAIL (India) Ltd.                                       |  |
| <b>Address:</b><br>16, Bhikaiji Cama Place, R. K. Puram<br>110 066 New Delhi<br>India |  |
| <b>Party (country authorizing participation):</b><br>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: Ray  | Telephone 1:   |
| First name: Santosh Chandra   | 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: Hinduja  | Telephone 1:   |
| First name: G K P   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |