

PMMSY- BIVALVE



PHOTO

**Directorate of Fisheries
Government of Goa**

Dayanand Bandothkar Marg, Panaji Goa
Tel: (O) 2224838, Tel: (Dir) 2227780
Fax: (0832)2231049, Email: dir-fish.goa@nic.in
Website: www.fisheries.goa.gov.in

Application Form To Obtain Financial Assistance For Bivalve Cultivation (Mussels, Clams, Pearl Etc.) in Goa

1.	Name of the Applicant	
2.	Address	
3.	Contact No.	
4.	Aadhaar Card No.	
5.	Whether belongs to SC/ ST	
6.	Type of Culture	Mussel <input type="checkbox"/> Clams <input type="checkbox"/> Pearl <input type="checkbox"/>
7.	Details of Location (Site / land/ water) where project activities are proposed to be taken up.	
8.	Technical details Specific to project. (Project Report)	
9.	Cost estimates	

Signature of the Applicant

Date:

Place:

ENCLOSURES:-

1.	15 years Residence Certificate of applicant	Enclosed /Not Enclosed
2.	Aadhaar Card	Enclosed/Not Enclosed
3.	SC/ST Certificate (if applicable)	Enclosed /Not Enclosed
4.	NOC from Captain of Ports	Enclosed/Not Enclosed
5.	Letter from Bank (if applicable)	Enclosed/Not Enclosed
6.	Detailed Project Report	Enclosed/Not Enclosed
7.	Quotation/ Cost Estimates	Enclosed/Not Enclosed
8.	Design/Layout	Enclosed/Not Enclosed
9.	Mandate form (2 copies)	Enclosed/Not Enclosed

DECLARATION

I/We _____ son(s)/ daughter(s)/ wife
of _____ residing at
_____ hereby declare that the information and the
documents furnished above are true and correct to the best of my knowledge and belief. I am/ we
are fully aware that if it is found that the information furnished by me/ us false or there is kind of
deviation/ violation of the conditions, I agree that the application is liable to be rejected.

I hereby undertake to provide additional particulars that may be called for by Department
of Fisheries in connection with the application.

Place:

Date:

Signature: _____

Full Name: _____

VERIFICATION

(For use of Fisheries Surveyor/Officer/A.S.F. at V.P./B.D.O./Sub Office level/CEO, BFDA)

- 1) All the necessary documents furnished along with this application have been verified and
found in order which are duly attested by Gazetted Officer/Self Attested.
- 2) I have personally inspected the area of the above applicant along and found that the culture
is in progress.

Name & Signature of F.S./F.O./A.S.F./CEO, BFDA:- _____

Remark if any:- _____

UNDERTAKING

(For Beneficiary Oriented Projects)

I/weson/daughter/wife of
..... residing at
..... hereby declare that
the information furnished above is true to the best of my/our knowledge and belief. I am/we are
fully aware if it is found that the information furnished by me/us is false or there is any kind of
deviation/violation of conditions under which assistance is provided to me, any action as deemed
fit for violation of this condition may taken against me/us.

I/we hereby declare and certify that we have not availed of any subsidy assistance from
any Government Agencies for creation of the facilities. It is further informed that we will not
claim assistance from any other institutions.

Date:

Place:

Signature of Applicant

Countersigned by the Implementing Agency

Date:

Place:

Signature and seal of authorized
Representative of implementing agency

Place:

Dated:

DEPONENT