

FORM – OA- I

Application for setting up units of artificial reefs/fish aggregating devices for demonstration

Sl. No	Particulars sought from the applicant	Information furnished by the applicant	
(1)	(2)	(3)	
1	Name and address of the Applicant/ Firm/ Association/ Self Help Group/ Govt. Organization (IN BLOCK LETTERS):		
2	Address for communication: Telephone: Fax: Mobile: E-mail:		
3	Details of area where the proposed activity is to be taken up:		
	a) State:		
	b) District:		
	c) Taluk/ Mandal:		
	d) Revenue Village:		
	e) Ownership (whether freehold or on lease/agreement):		
	f) If on lease/ agreement, duration of lease/agreement:		
	g) Lat long position of the AR/FAD		
4	Details of the proposed artificial reefs/fish aggregating devices		
	a) Type of unit (AR/FAD)		
	b) Number of modules to be employed		
	c) Size of each module		
	d) Technology to be adopted:		
	e) Details of the proposed construction works of the AR/FAD. (Design details/engineering works to be submitted)		
	f. Mode of installation		
	g. proposed underwater observations on the installed reefs		
	Methodology proposed for the assessment of the production from AR/FAD		
5	Experience of the applicant in operation of AR/FAD:		
6	Expected date of operation of installation and tentative schedule of activities such as underwater observations, catch assessment etc.		
7	Details of the Training/demonstration Programme:		
8	Number of persons to be trained in AR/FAD		
9	Financial Implications:		
	Item	Number	Total Amount
	a) Training		
	(i) Assistance to farmer @ Rs 125/ day for 10 days:		
	(ii) Reimbursement of to and fro travel expenses to		

	farmer:		
	(iv) Honorarium to resource persons and reimbursement of to and fro travel expenses:		
	(iii) Assistance to implementing agency @ Rs 75/ trainee/ day:		
10	Technical capabilities of resource persons to be engaged in training:		
11	Any other details in support of the proposal		

Declaration by the Applicant

I/ We.....son/ 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 that if it is found that the information furnished by me/ we is false or there is any kind of deviation/ violation of the conditions under which assistance is provided to me by the NFDB, any action as deemed fit for violation of this condition may be taken against me/ us.

Date:

Place:

Signature of the applicant (s)

Countersigned by the Implementing Agency

Date:

Place:

Signature and seal of the authorized

NATIONAL FISHERIES DEVELOPMENT BOARD
APPLICATION FOR SETTING UP OF BACK-YARD ORNAMENTAL FISH UNIT

1	Full name of the applicant	Photo
2	Father's/ spouse name If SC/ST enclose proof	
3	Age	
4	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
5	Details of the SHG/ women cooperative Society /Details of the individual	
6	Address of the house where the back yard unit coming up and address	House No ----- Street----- Village ----- Post office----- Mandal/taluk/block----- Town/City----- District----- State-----Pin code----- Tel -----Mobile----- Fax----- E.mail-----
7	Status of the applicant	Owner <input type="checkbox"/> Lease <input type="checkbox"/>
8	Contact Address	House No ----- Street----- Village ----- Post office----- Mandal/taluk/block----- Town/City----- District----- State-----Pin code----- Tel -----Mobile----- Fax----- E.mail-----
9	Occupation	
10	No of units proposed (maximum three units only)	
11	Bank account details	
12	If bank finance provide details	
13	Water source details	
14	Construction details	As per the unit cost

15	Source of brood stock	
16	Main species	
17	Sales details	
18	Viability and feasibility	Net profit =Sales-Expenditure

Declaration by the Applicant

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Signature of the Applicant

Signature seal of the head of the
department / Authorized officer

NATIONAL FISHERIES DEVELOPMENT BOARD
APPLICATION FOR SETTING UP OF MIDDLE SCALE ORNAMENTAL FISH UNIT

1	Full name of the applicant	Photo
2	Father's/ spouse name	
3	Age	
4	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
5	Address where the middle scale unit is constructing	Village ----- Post office----- Mandal/taluk/block----- Town/City----- District----- State-----Pin code----- Tel -----Mobile----- Fax----- E.mail-----
6	Status of the applicant	Owner <input type="checkbox"/> Lease <input type="checkbox"/>
7	Contact Address	Houne No ----- Street----- Village ----- Post office----- Mandal/taluk/block----- Town/City----- District----- State-----Pin code----- Tel -----Mobile----- Fax----- E.mail-----
8	Occupation	
9	No of units proposed (maximum)	
10	Bank account details	
11	If bank finance provide details	
12	Water source details	
13	Construction details	As per the unit cost
14	Source of brood stock	
15	Main species	
16	Sales details	
17	Viability and feasibility	Net profit =Sales-Expenditure

Declaration by the Applicant

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department / Authorized officer

NATIONAL FISHERIES DEVELOPMENT BOARD
APPLICATION FOR SETTING UP OF INTEGRATED ORNAMENTAL FISH UNIT

1	Name of the organization / Entrepreneur	
2	Location of proposed unit	Village ----- Post office----- Mandal/taluk/block----- Town/City----- District----- State-----Pin code-----
2	Contact Address	House No ----- Street----- Village ----- Post office----- Mandal/taluk/block----- Town/City----- District----- State-----Pin code----- Tel -----Mobile----- Fax----- E.mail-----
3	Land area and sy No	
4	Resource for tapping 10 % finance .	
5	Water source details	
6	Construction details	As per the unit cost
7	Source of brood stock	
8	Main species	
9	Sales details	
10	Viability and feasibility	Net profit =Sales-Expenditure
11	Market tie up (details shall be provided)	

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Signature of the Applicant
 Signature and seal of the head of the
 department/Authorized officer

NATIONAL FISHERIES DEVELOPMENT BOARD
APPLICATION FOR SETTING UP OF INTEGRATED ORNAMENTAL FISH UNIT

1	Name of the organization /Full name of the entrepreneur	Photo
2	Father's/ spouse name of the entrepreneur	
3	Age of the applicant	
4	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
5	Address of the organization/ Address of the entrepreneur	House No ----- Street----- Village ----- Post office----- Mandal/taluk/block----- Town/City----- District----- State-----Pin code----- Tel -----Mobile----- Fax----- E.mail-----
6	Contact Address	House No ----- Street----- Village ----- Post office----- Mandal/taluk/block----- Town/City----- District----- State-----Pin code----- Tel -----Mobile----- Fax----- E.mail-----
7	Occupation in case of entrepreneur	
8	Land and Sy No details	
9	Bank account details	
10	If bank finance provide details	
11	Water source details	
12	Construction details	As per the unit cost
13	Source of brood stock	
14	Main species	
15	Sales details	

16	Viability and feasibility	Net profit =Sales-Expenditure
17	Market tie up (details shall be provided)	

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NATIONAL FISHERIES DEVELOPMENT BOARD
APPLICATION FOR AVAILING FINANCIAL ASSISTANCE FOR SETTING UP OF
AQURIUM FABRICATION UNIT

1	Full name of the applicant	Photo
2	Father's/ spouse name If SC/ST enclose proof	
3	Age	
4	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
5	Details of the SHG/ women cooperative Society /Details of the individual	
6	Address of the location where the the aquarium fabrication unit is set up	House No ----- Street----- Village ----- Post office----- Mandal/taluk/block----- Town/City----- District----- State-----Pin code----- Tel -----Mobile----- Fax----- E.mail-----
7	Status of the applicant	Owner <input type="checkbox"/> Lease <input type="checkbox"/>
8	Contact Address	House No ----- Street----- Village ----- Post office----- Mandal/taluk/block----- Town/City----- District----- State-----Pin code----- Tel -----Mobile----- Fax----- E.mail-----
9	Occupation	
10	No of units proposed (one unit only per individual)	
11	Bank account details	

12	If bank finance provide details	
13	Construction details	As per the unit cost
14	Source of procurement of materials	
15	Source of marketing details	
16	Viability and feasibility	Net profit =Sales-Expenditure

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NATIONAL FISHERIES DEVELOPMENT BOARD
APPLICATION FOR AVAILING FINANCIAL ASSISTANCE FOR TRAINING IN
ORNAMENTAL FISHERIES

1	Name of the organization	
2	Address of the organization	House No ----- Street----- Village ----- Post office----- Mandal/taluk/block----- Town/City----- District----- State-----Pin code----- Tel -----Mobile----- Fax----- E.mail-----
3	No of candidates proposed for training (Detailed list with address should be attached)	
4	Whether application for setting up of unit already submitted or proposed to submit.	
5	Details of the training program	
	a. No of days of training	As per the unit cost
	b Training site and venue	
	c. Resource persons	
	d. Expected out come from the training	
6	Financial Implications	
	a. Assistance to farmer @ Rs 125/ day / per fishermen	
	b. Reimbursement of to and fro travel expenses: Rs up to 500 or actual	
	c. Honorarium to resource persons and reimbursement of to and fro travel Rs 500/day T.A up to 1000	
	d Assistance to implementing agency @	

	Rs 75/ trainee/ day	
	e. Demonist ration unit Rs up to Rs 5000/-	

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