

**FORM FOR INVITING EXPRESSION OF INTEREST FROM FARMERS
INTERESTED IN GROWING MEDICINAL PLANTS**

1. Name of the applicant/farmer: _____

2. Address: _____

3. Profession: _____

4. Contact number: _____

5. I am interested in growing following plants.

Sr. No.	Name of the medicinal plant/tree	Area available for planting with location
1		
2		
3		
4		
	Total	

6. Area available for growing the plant mentioned above is _____ hectare.

7. Type of ownership: Owner/lessee/tenant/other _____.

8. Document of ownership available _____.

9. I hold krishi card allotted to me by Director of agriculture Yes/No.

Signature