

GOVERNMENT OF JAMMU AND KASHMIR
DIRECTORATE OF FLORICULTURE JAMMU
24 C/C Gandhi Nagar Jammu, e-mail floriculturejammu@gmail.com
Tel.2435121.

APPLICATION FOR REGISTRATION AS FLOWER GROWER.

Name _____

S/o/ D/o / W/o _____

Category: Gen./SC/ST/OBC (Please tick)

Complete Postal Address _____

Post Office _____ Panchayat _____ Block _____

Constituency _____ Tehsil _____ District _____

Qualification (if any) _____

Telephone No. _____ Mobile No. _____



Land Details:

Khasra No. _____ Location _____

Ownership Details

a) Owned _____

b) Lease deed _____ (Attach a copy)

c) Gift deed _____ (Attach a copy)

Approx distance from motor-able Road _____ Kms _____ Mtrs _____

Area marked for flower cultivation _____

Source of Irrigation _____

Name of the flower crop (s)

(a) _____ (b) _____ (c) _____ (d) _____

Are you registered with any other Department as grower for cultivation of flowers __ (Yes/No)

(If yes, specify any other Department) _____

Have you received any incentive under Centrally Sponsored Schemes regarding Floriculture Crop:
(If not, please attach an affidavit to this effect) (Yes/No)

and if yes give detail:- _____

Enclosures:

Two pass port size photographs, Land document & declaration on affidavit.

Dated _____

Signature of the Applicant

Recommendation of Sarpanch /Panch with Seal & Signature:

(For office use only)

Report of the concerned officer:

Recommendations of the controlling officer:

GOVERNMENT OF JAMMU AND KASHMIR
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Application form for registration of farmers under Protected Cultivation/Centrally Sponsored Scheme/Rashtriya Krishi Vikas Yojna/Technology Mission.

Name _____
S/o/ D/o / W/o _____
Category: Gen./SC/ST/OBC (Please tick)
Complete Postal Address _____
Post Office _____ Panchayat _____ Block _____
Constituency _____ Tehsil _____ District _____
Qualification (if any) _____
Telephone No. _____ Mobile No. _____



Feasibility Reports:

- 01.** Whether land is feasible for Poly House.....Yes/No.
- 02.** Size of Poly House/Shade Net House.
- 03.** Model of Poly House/Shade Net House.
- 04.** Executing agency or self.
- 05.** Estimated cost of project
- 06.** Poly House/Shade Net House + Irrigation System
High Value Planting material duly attested by Competent Authority.
- 07.** Amount received as Assistance from other Department if any
 - i)** For Poly House.
 - ii)** For high value planting material.
 - iii)** Farmers share.

That my land is fit for any type of High value flower Cultivation under Protective cultivation and I have not constructed any sort of structure on the identified land before submission of this application.

Dated _____

Signature of the Beneficiary

The particulates mentioned above by the applicant are correct to best of my knowledge.

Sarpanch /Panch

On the basis of information submitted beneficiary duly recommended by Sarpanch/Panch is correct and also in the best of my knowledge.

Assistant Floriculture Officer concerned

On the basis of report submitted by Assistant Floriculture Officer concerned the case of recommended for creation of Poly House.

District Officer Commercial Floriculture

FORM FOR REGISTRATION UNDER AREA EXPANSION.

Name _____

S/o/ D/o / W/o _____

Category: Gen./SC/ST/OBC (*Please tick*)

Complete Postal Address _____

Post Office _____ Panchayat _____ Block _____

Constituency _____ Tehsil _____ District _____

Qualification (*if any*) _____

Telephone/Mob No. _____ Back A/C No. _____

Land Details: (*Attach Land Proof*)

Khasra No. _____ Area to be covered under Scheme: Kanal _____ Marla _____

Location (*If different from above*) _____

Status of Land: (*Plz Tick*) Owned/Lease deed/Gift deed/other (*Plz Specify*) _____

Crop to be Sown: _____ (*Plz Tick*) Hybrid/Open Pollinated.

Encl: (**Leaves**)

Dated: _____.

Recommendation by Panch/Sarpanch with seal & Signature.

Signature of the Applicant

(For office use only)

Certified that the above case has been found fit for registration under Area Expansion after spot inspection, hence recommended for approval.

**Signature & Seal of
Assistant Floriculture Officer.**

The above case has been found correct & complete in all respect for registration under Area Expansion, hence recommended for approval.

**Signature & Seal of
District Floriculture Officer.**

The above case under Area Expansion as recommended by District Floriculture Officer is correct and complete in all respect, hence recommended for sanctioning under Centrally Sponsored Scheme of _____ (RKVY/HMNEH). The detail of incentive payment is as under:

Cash: Rs _____ (Rupees: _____)

Kind: Plz Specify _____

Nodal Officer, CSS.

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FORM FOR REGISTRATION UNDER PROTECTED CULTIVATION.

Name _____

S/o/ D/o / W/o _____

Category: Gen./SC/ST/OBC (Please tick)

Complete Postal Address _____

Post Office _____ Panchayat _____ Block _____

Constituency _____ Tehsil _____ District _____

Qualification (if any) _____

Telephone/Mob No. _____ 16 Digits Back A/C No. _____

Affix
P.P Size
Photo here

Land Details:

Khasra No. _____ Location (If different from above) _____

Location (If different from above) _____

Status of Land: (Plz Tick) Owned/Lease deed/Gift deed/other (Plz Specify) _____

Protected Cultivation: (Plz Tick) Poly Green House/ Shade Net House _____

Size of House: Length _____ Sqmt Breadth _____ Sqmt. Area _____ Sqmt.

To be Fabricated by: (Plz Tick) Tubular/Wooden/Bamboo

Name of Firm: (In Case of Firm) _____

Estimated Cost: Rs _____

Assistance if already received under Protected Cultivation

Encl:- (Leaves)

Dated: _____.

Signature of the Applicant

Recommendation by Panch/Sarpanch with seal & Signature.

(For office use only)

Certified that the above case has been found fit for registration under Area Expansion after spot inspection, hence recommended for approval.

**Signature & Seal of
Assistant Floriculture Officer.**

The above case has been found correct & complete in all respect for registration under Area Expansion, hence recommended for approval.

**Signature & Seal of
District Floriculture Officer.**

The above case under Protected Cultivation as recommended by District Floriculture Officer is correct and complete in all respect, hence recommended for sanctioning under Centrally Sponsored Scheme of _____ (RKVY/HMNEH). The detail in the shape of cash/kind is as under:

Cash: Rs _____ (Rupees: _____)

Kind: Plz Specify _____

Nodal Officer, CSS.

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FORM FOR REGISTRATION FOR CREATION OF WATER SOURCE (INDIVIDUAL).

Name _____

S/o/ D/o / W/o _____

Category: Gen./SC/ST/OBC (Please tick)

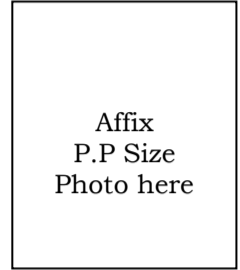
Complete Postal Address _____

Post Office _____ Panchayat _____ Block _____

Constituency _____ Tehsil _____ District _____

Qualification (if any) _____

Telephone/Mob No. _____ 16 Digits Back A/C No. _____



Land Details:

Khasra No. _____ Area: Kanal _____ Marlas _____ (Attach Land Proof)

Location (If different from above) _____

Status of Land: (Plz Tick) Owned/Lease deed/Gift deed/other (Plz Specify) _____

Type of Water Source: (Plz Tick) Tube Well/Dug Well/(20x20x3) mtr. Pons _____

Name of Firms: _____

Estimated Cost: Rs _____ (Attach Estimate of the Firm)

Assistance if already received under Water Source:

Year: _____ Department: _____

Type of Water Source already Created: _____

Reason/s for applying new: _____

Encl:- (Leaves)

Dated: _____.

Signature of the Applicant

Recommendation by Panch/Sarpanch with seal & Signature.

(For office use only)

Certified that the above case has been found fit for registration under Area Expansion after spot inspection, hence recommended for approval.

**Signature & Seal of
Assistant Floriculture Officer.**

The above case has been found correct & complete in all respect for registration under Area Expansion, hence recommended for approval.

**Signature & Seal of
District Floriculture Officer.**

The above case under Water Source as recommended by District Floriculture Officer is correct and complete in all respect, hence recommended for sanctioning under Centrally Sponsored Scheme of _____ (RKVY/HMNEH). The detail of incentive payment is as under:

Actual Cost Incurred as per the bill verified by the competent authority: Rs. _____

Subsidy/Incentive Payable @ 75% of Actual Cost to the extent of Rs. 1.03 Lacs: Rs. _____

Nodal Officer, CSS.

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FORM FOR REGISTRATION FOR CREATION OF WATER SOURCE (INDIVIDUAL).

Name _____

S/o/ D/o / W/o _____

Category: Gen./SC/ST/OBC (Please tick)

Complete Postal Address _____

Post Office _____ Panchayat _____ Block _____

Constituency _____ Tehsil _____ District _____

Qualification (if any) _____

Telephone/Mob No. _____ 16 Digits Back A/C No. _____



Land Details:

Khasra No. _____ Area: Kanal _____ Marlas _____ (Attach Land Proof)

Location (If different from above) _____

Status of Land: (Plz Tick) Owned/Lease deed/Gift deed/other (Plz Specify) _____

Permanent Vermi Compost Structure: (30x08x2.5 feet) _____

Name of Firms: _____

Estimated Cost: Rs _____ (Attach Estimate of the Firm)

Assistance if already received under Permanent Vermi Compost Structure:

Year: _____ Department: _____

Encl:- (Leaves)

Dated: _____.

Signature of the Applicant

Recommendation by Panch/Sarpanch with seal & Signature.

(For office use only)

Certified that the above case has been found fit for registration under Permanent Vermi Compost Structure after spot inspection, hence recommended for approval.

**Signature & Seal of
Assistant Floriculture Officer.**

The above case has been found correct & complete in all respect for Permanent Vermi Compost Structure, hence recommended for approval.

**Signature & Seal of
District Floriculture Officer.**

The above case under Permanent Vermi Compost Structure as recommended by District Floriculture Officer is correct and complete in all respect, hence recommended for sanctioning under Centrally Sponsored Scheme of _____ (RKVY/HMNEH). The detail of incentive payment is as under:

Actual Cost Incurred as per the bill verified by the competent authority: Rs. _____

Subsidy/Incentive Payable @ 50% of Actual Cost to the extent of Rs. 0.50 Lacs: Rs. _____

Nodal Officer, CSS.

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FORM FOR REGISTRATION FOR CREATION OF VERMI COMPOST UNIT

Name _____

S/o/ D/o / W/o _____

Category: Gen./SC/ST/OBC (Please tick)

Complete Postal Address _____

Post Office _____ Panchayat _____ Block _____

Constituency _____ Tehsil _____ District _____

Qualification (if any) _____

Telephone/Mob No. _____ 16 Digits Back A/C No. _____



Land Details:

Khasra No. _____ Area: Kanal _____ Marlas _____ (Attach Land Proof)

Location (If different from above) _____

Status of Land: (Plz Tick) Owned/Lease deed/Gift deed/other (Plz Specify) _____

Permanent Vermi Compost Structure: (30x08x2.5 feet) _____

Name of Firms: _____

Estimated Cost: Rs _____ (Attach Estimate of the Firm)

Assistance if already received under Permanent Vermi Compost Structure:

Year: _____ Department: _____

Encl:- (Leaves)

Dated: _____.

Signature of the Applicant

Recommendation by Panch/Sarpanch with seal & Signature.

(For office use only)

Certified that the above case has been found fit for registration under Permanent Vermi Compost Structure after spot inspection, hence recommended for approval.

**Signature & Seal of
Assistant Floriculture Officer.**

The above case has been found correct & complete in all respect for Permanent Vermi Compost Structure, hence recommended for approval.

**Signature & Seal of
District Floriculture Officer.**

The above case under Permanent Vermi Compost Structure as recommended by District Floriculture Officer is correct and complete in all respect, hence recommended for sanctioning under Centrally Sponsored Scheme of _____ (RKVY/HMNEH). The detail of incentive payment is as under:

Actual Cost Incurred as per the bill verified by the competent authority: Rs. _____

Subsidy/Incentive Payable @ 50% of Actual Cost to the extent of Rs. 0.50 Lacs: Rs. _____

Nodal Officer, CSS.

**Government of Jammu & Kashmir
Directorate of Floriculture Jammu**

24 C/C Gandhi Nagar Jammu, e-mail floriculturejammu @ gmail.com tele: 2435121

**FORM FOR REGISTRATION CUM DISBURSEMENT OF SUBSIDY/INCENTIVES OF GROWER/FARMER
UNDER CENTRALLY SPONSORED SCHEMES FOR THE YEAR _____**

Name _____

S/o/ D/o/W/o _____

Category: Gen./SC/ST/OBC (please tick)

Complete Postal Address _____

Post Office _____ Panchayat _____ Block _____

Constituency _____ Tehsil _____ District _____

Qualification (if any) _____

Telephone/Mob. No. _____

Name of Bank _____

Bank A/C No. (16 Digit) _____

Bank Branch _____

Affix P.P Size photo
here

Type of Registration: (Please Tick) New / Existing

If existing, give Registration No.: _____

Land Details: (Attach Land Proof)

Khasra No. _____ Area to be covered under Scheme: Kanal _____ Marla _____

Location (if different from above) _____

Status of Land: (Plz Tick) Owned/lease deed/Gift deed/other (Plz. Specify) _____

Component: _____

Encl: (Leaves)

Dated: _____

Signature of the Applicant

(For office use of AFO)

Certified that the above case has been found fit for registration under component _____ Scheme _____ after spot inspection.

Registration No. _____

**Signature & Seal of
Assistant Floriculture Officer**

(Verification)

This is certified that the component _____ under Scheme _____ subsidy for Rs. _____ has been verified.

Head of the Village/Namberdar/Sarpanch

Assistant Floriculture Officer

(For office use of Controlling Officer)

This is certified that the above case recommended/verified by the Assistant Floriculture Officer _____ under Scheme _____ subsidy for Rs. _____ has been verified.

**Signature & Seal of
Controlling Officer**

(For office use of DDO)

The above case under component _____ Scheme _____ as recommended by the Controlling Officer _____ is passed for the release of incentive payment of Rs. _____ (Rupees _____).

Drawing & Disbursing Officer

Detail of work done component wise

S.No.	Component	Area	Rate of Assistance	Amount to be paid
1.	Area Expansion			
I.				
II.				
2.	Creation of Water Resource			
I.				
II.				
3.	Protected Cultivation			
I.				
II.				
4.	Other			
I.				
II.				

Assistant Floriculture Officer