

MAHARASHTRA ENERGY DEVELOPMENT AGENCY

Annexure -III

PROFORMA FOR SUBMISSION OF ENERGY PARK PROJECT PROPOSALS

	Name of the Organization/Institute/ College
2.	Name of the Head of the Organization/ Institute/ College with complete address
3.	Name of the District in which the Energy Park is proposed
	Information in respect of the In-charge of the proposed Energy Park. (a) Name (b) Designation (c) Telephone No./Fax No. (d) E-Mail address
5.	Energy Parks already existing in the same District, if any with its addresses
6.	Aims and objectives of the Energy Park (May be explained clearly)
7.	Whether financial assistance for the Energy Park Project has been sought from any other funding agency, and if so, give details.
8.	Infrastructure and other facilities available at the Institute for setting of Energy Parks, such as: (i) Certificate towards availability of land free of cost. (ii) Undertaking towards meeting the cost of infrastructure development/civil works (iii) Undertaking towards execution of annual maintenance contract of NRSE Systems/ Devices. (iv) Undertaking towards operation & maintenance of the NRSE systems on self-sustainable basis including mode of generation of revenue
9.	Details of NRSE systems and devices proposed to be installed including their cost and installation cost (May be given separately).
10.	Plan for utilizing the energy (if any) generated through the NRSE systems (The use of these systems may be indicated separately).
11.	Whether any non-conventional energy systems are already installed at the same Institute If yes, the details of the systems and whether working or not.
12.	Whether the institution/organization is Government. / NGOs/ Private.
13.	Time required for installation of the systems
14.	Institution's preparedness to share the cost on the proposed Energy Park (i.e. 50:50 or 75:25 basis)

Undertaking

Certified that necessary facilities are available in the Institute for installation of NRSE systems and devices and also hereby undertake that these systems and devices will be maintained properly.

Signature of the Head of the Organization/Institute/School
(Office seal) Date:

Recommendation of State Nodal Agency

Signature:
Name & Address of SNA
Date: