State Scheme: Crab Culture Unit

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

PHOTO

Application Form Financial Assistance for Setting up of Crab Farming Unit in Goa

1.	**Applicant Details**	
a.	Name:	
b.	Address:	
c.	Contact No.:	
2.	**Details of the Crab Farming Unit:**	
a	**Location** (i) Waddo:	(ii) Village:
	(iii) Taluka:	(iv) District:
	(v) Survey number	
b	**Type of Crab Unit**	Vertical Box Crab Culture ☐ Horizontal Box Crab Culture ☐ Pen Culture ☐
3.	**Financial Assistance for Horizontal Crab Box Culture / Vertical Crab Box Culture/ Pen Culture Unit.**	
a.	No. of Boxes	
b.	Bills/ Invoices	
c.	Water Spread Area (in case of Pen Culture)	
d.	Bills/ Invoices (for infrastructure/ equipments)	
4.	**Financial Assistance for Input Cost for Horizontal Crab Box Culture / Vertical Crab Box Culture/ Pen Culture Unit.**	
a.	Date of Stocking	
b.	Bills /Invoices (Seed, Feed etc)	

Signature of the applicant

Date:

Place:

All documents should be self-attested by the applicant:-

1.	Application in prescribed form along with Photographs	Enclosed/Not Enclosed
2.	Detailed Project Report	Enclosed/Not Enclosed
3.	15 years Residence Certificate of applicant (if applicable)	Enclosed /Not Enclosed
4.	Training certificate on Crab Farming recognized Institutes	
5.	Registration Certificate of the Group/Society (if applicable)	Enclosed /Not Enclosed
6.	Aadhaar Card of applicant	Enclosed/Not Enclosed
7.	Annual Income Certificate form competent Authority	Enclosed/Not Enclosed
8.	SC/ST Certificate (if applicable)	Enclosed /Not Enclosed
9.	Letter from Bank (if applicable)	Enclosed/Not Enclosed
10.	Quotation/ Cost Estimates/ Bills/ Invoices	Enclosed/Not Enclosed
11.	Land document Form I & XVI or Lease Deed	Enclosed/Not Enclosed
12.	NOC from Local Panchayat/ Municipality	Enclosed/Not Enclosed
13.	Copy of Site plan super imposed with Google map	Enclosed/Not Enclosed
14.	Mandate form (2 copies)	Enclosed/Not Enclosed

DECLARATION

1. I/We_____ son(s)/ daughter(s)/ wife of/President of Self Help Group/Society _____residing at _____ and completed 15 years in Goa.
2. I / we declare that I shall operate/ maintain the farming unit for the period of 5 years from the date of sanction of subsidy obtaining prior permission from the Department.
3. I / we hereby declare that the particulars given on the application and enclosures are true and correct to the best of my knowledge and belief.
4. I / we are fully aware that if it is f found that the information furnished by me/ us, is found to be false, I agree that the application shall be liable for rejection.
5. I / we hereby declare and certify that we I/we have not availed of any subsidy assistance from any Government Agencies for creation of this facilities. It is further informed that we will not claim assistance from any other institutions.

Place:
Date: Signature: _____
Full Name: _____

(Incomplete Application shall be rejected)

VERIFICATION

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

1) All the necessary documents furnished along with this application have been verified and found in order.
2) I have personally inspected the farm/unit of the above applicant and found that the culture is in progress.

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

Remark if any:- _____

The application has been verified and the document found in order.

Date:-
Place:-

Signature of the Supdt. of Fisheries with seal

Name:-