

Application for the Goa State Vrikshamitra Puraskar Award-2019.

1. Category (please tick): Individuals Organizations:
2. Name of the applicant (**in Capital Letters**):
3. Details of the organization (if applied under organization category).
4. Complete address of the applicant along with email/mobile/phone No.:-
5. Details of the Works undertaken and being recommended for the award: The information be provided as below:-
- (a) Location of the Site project, Indicate the exact location in terms of survey nos., Village, Taluka, Location Map and Area Marks.
- (b) Nature of the terrain and soil conditions.
- (c) Ownership of the land where works are undertaken i.e. Private/Own land, Community land, Revenue land.
- (d) A brief in not more than 100 words showing Nature and extent of the work.
- (e) Provide the details in the table given below and the columns be filled appropriately as relevant to the plantations raised during the year 2018-19.

Items	Year 2018	Year 2019
No. of nurseries raised/established		
Seedlings raised		
Area of plantation raised in ha		
No. of seedlings planted		
Soil and moisture conservation works		
Survival percentage		
Species planted (please mention the species and their number separately)		
Involvement of the people, local communities		
Employment generated		
Tangible and intangible benefits		
Amount spent (indicate the sources i.e. own donation, grant in aid, others)		

6. Publications and or write up on the work undertaken along with the photographs and video if possible.
7. A separate note on awareness and motivation created during the work undertaken.
8. Any other awards received for the work.
9. Any other relevant information which applicant may consider for recommendation of the work undertaken.

I, certify that all the information provided in the format and annexures by me/my institutions/organization is true and correct as per my knowledge and records made available. I/we have not suppressed any information and in the event of my application not considered for award. I/we shall not hold any claim.

Place: _____

Date: _____

(Signature with full name of the Applicant)