

**GOVERNMENT OF MEGHALAYA
DIRECTORATE OF FISHERIES :: SHILLONG**

Notice

In continuation to this office letter Memo No.MEG/PISC/81/2018-19/19/1568 Dated Shillong, the 7th March, 2019. Application is hereby invited from individuals / Self Help Groups / Fish Farmer Co-operative societies / Entrepreneurs etc. from the state of Meghalaya for running and managing of oxygenated vans sponsored by the Department of Fisheries under the scheme "Blue Revolution 2017-18" for transportation and marketing of fishes of the State.

Sl. No.	Region	Particulars	No. of Units
1.	Khasi Hills	Oxygenated / Insulated Vans	1
	Garo Hills		1
2.	Khasi Hills	Fish transportation oxygenated vans	1
	Garo Hills		1

The applicant should be financially sound to take up this venture of the Department for marketing of the harvested fish from the constructed fish pond of the state. The unit cost for Oxygenated / Insulated Vans is Rs. 11.66 Lakhs and the unit cost for Fish transportation oxygenated vans is Rs. 20.00 Lakhs each in which subsidy will be 60% and 40% beneficiary's share. The applicant should strictly follow as per the guideline and the terms & conditions of the scheme.

The application forms will be available from the office of the respective office of the Superintendent of Fisheries of the district on any working day and the last date for submission of the duly filled forms along with all required documents is **28th June, 2019**.

Sd/-
Director of Fisheries,
Meghalaya, Shillong


Memo No. MEG/PISC/81/2018-19/33 / 1377.

Dated Shillong, the 13th June, 2019

Copy to: -

1. The Commissioner and Secretary to the Government of Meghalaya, Fisheries Department, for information.
2. The Under Secretary to the Government of Meghalaya, Fisheries Department fir information
3. The Director of Information & Public Relations (DIPR) Meghalaya, Shillong with a request to publish in 1 (one) issue of the Shillong Times, Mawphor and Salantini Janera paper respectively.
4. The Superintendent of Fisheries East Khasi Hills, West Khasi Hills, South West Khasi Hills, Ri-Bhoi, East Jaintia Hills, West Jaintia Hills, East Garo Hills, West Garo Hills, South Garo Hills, South West Garo Hills, North Garo Hills. The application form is also enclosed herewith for your necessary action.

15. Office copy.


Director of Fisheries,
Meghalaya, Shillong

(20)

**Application form for Oxygenated / Insulated vans and Fish Transportation
oxygenated vans under the scheme "Blue Revolution 2017-18"**

- | Sl.No | Particulars | To be filled by the applicant |
|-------|---|-------------------------------|
| 1 | a Name of the applicant (in Block letter) | |
| | b Name of the Father of the applicant | |
| | c Name of the mother of the applicant | |
| 2 | a District | |
| | b C & RD Block | |
| | c Village | |
| | d Police Station | |
| | e Gender | |
| | f Phone No. | |
| | g E-mail ID | |
| | h Any other information | |
| 3 | a Account Number | |
| | b IFSC Ccode | |
| | c Name of the Bank | |
| | d Bank branch and address | |
| | Category: | |
| 4 | a Individual / Self-Help-Groups / Fish Farmer
Co-operative Societies / Entrepreneurs etc. | |
| | b Total Membership (In case of Self-Help-
Groups / Fish Farmer Co-operative Societies
/ Entrepreneurs etc.) | |
| | c Names of the Office Bearers along with
designation to be furnished. | |
| | d Experience of the Organization with regards
to fish farming, transportation and marketing
if any : | |
| 5 | Area of marketing operation in Khasi Hills
region / Garo Hills region respectively | |
| 6 | Details of bank loans previously
availed/outstanding | |

Year	Bank	Loan availed	Outstanding	When will it be cleared?

Document to be enclosed

1. Identity proof of the applicant.
2. 2 nos. of photo passport size
3. Copy of Commercial Registration of the Organization (Self-Help-Groups / Fish Farmer Co-operative Societies / Entrepreneurs etc.), if any.
4. No objection Certificate from the Local Headman/ Nokmas / Sirdars etc

Declaration by the Applicant

I/We..... son/daughter/wife
of.....Residing
at.....hereby declare that the
information furnished above is true to the best of my/ our knowledge and belief. I am/ we are
fully aware that if it is found that the information furnished by me/ we/ us is false or there is any
kind of deviation/ violation of the conditions under which assistance is provided to me / us fit for
violation of this condition may be taken against me/ us.

Date:

Place:

Signature of the applicant (s)

Countersigned by the implementing Agency

The application has been verified as per the guidelines and found correct.

Date:

Place:

Signature of the Authorized Officer