



Small Farmers Welfare Fund

PROPOSAL FORM

Agricultural Calamity Solidarity Scheme (ACASS)

1. Proposer		1.1 SPWF Reg. No <input type="text"/>		
1.2 Surname:		1.3 Forename:		
1.4 Address:				
1.5 Phone No:				
1.6 Experience in Agriculture: yrs				
2. Field Details				
2.1 Location:		2.2 Region: 2.3 Region code		
2.4 Field Status Stand : Owned <input type="checkbox"/> Rented <input type="checkbox"/> Free/Arrangement <input type="checkbox"/>				
2.5 Period of lease: From/...../..... To:/...../.....				
2.6 Intended crop land: Pure stand <input type="checkbox"/> Interline/Mixed cropping <input type="checkbox"/>				
3. Crop Production Plan for 12 month period From: To:				
3.1 Crops to be planted:	Variety	Expected/ Planting/Seedling Date	Expected/ Harvest Date	Expected Yield (kgs)
a) .....	.....	.....	.....	.....
b) .....	.....	.....	.....	.....
c) .....	.....	.....	.....	.....
Total Number of arpents under cultivation:				
4. Irrigation details				
4.1 Type of irrigation (Please tick the correct box)				
Sprinkler <input type="checkbox"/>		Micro Jet <input type="checkbox"/>		
Pivot <input type="checkbox"/>		Drip <input type="checkbox"/>		
Water Cans <input type="checkbox"/>				
4.2 Source of water:.....				
5. Contribution Paid: Rs				

6. Declaration: I..... declare and warrant that the above information provided in every respect is true and correct and I have not withheld any information likely to affect the acceptance of this proposal. I have also been informed that assistance will be calculated on the acreage under cultivation at the time of an event and I take the responsibility to fill in a claim form to declare damage caused by calamities insured.

6.1 Signature of Proposer:..... **6.2 Date:**

Name of Registering Officer: **Date:**/...../.....

IMPORTANT: The issue of this proposal form and its completion does not in any way signify that the ACASS has become effective. The coverage will be effective two(2) weeks after this proposal date for existing fields and after germination for a new field.