Post-Harvest Storage Facility Subsidy Request Form

Applicant Name	
Farmer/Organization Name	
Contact Number	
Address	
Type of Facility	
Type on domy	•
Capacity (in MT)	
Location of Facility	
Estimated Cost (â,1)	
Subsidy Amount Requested (â,1)	
Bank Account Details	
Supporting Documents	
Choose File No file colocted	
INO THE SELECTED	
Additional Remarks	