

Setting up of Herbal Garden in SchoolNational Medicinal Plants Board, New Delhi
State Medicinal Plants Board, Kerala

Implemented by :

Site verification report**A. Institutional details**

1. Name and address of Institution	
	District _____ Pin: _____
2. Phone Nos.	Land: _____ Mobile _____
3. E-mail	
4. Category	Government / Aided / Unaided
5. Name of Coordinator/ Responsible person With residential address	District _____ Pin _____
6. Phone Nos.:	Land _____ Mobile _____

B. Plantation details

1. Total area of Land	
2. Area available for garden	
3. Availability of site	Single plot <input type="checkbox"/> Multiple plots <input type="checkbox"/>
4. Ownership pattern	Govt. Land/Single owner/Group owners/Society/Trust/others land

C. Irrigation details

1. Source of water	Own well/Pond with motor pump/Public distribution pipe/others source
2. Availability of water	Sufficient / not sufficient for irrigation

D. Protection measures

Type of existing protection	Compound wall / Wire fencing / live fencing
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E. Soil condition

1. Type of soil	Sandy seashore/ sand mix black / Red / Clay / Laterite
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This is to certify that the above informations are true to the best of my knowledge.

Date: _____ Office Seal _____

Name and Signature of
The Head/Authorized Official of the Institution

Overall opinion of the Officials verified the site:

Name and signature of Officials verified

Space for office use.

Recommendation of Committee:

Application accepted/rejected. Amount of 1st installment Rs. _____ Cheque/ D.D. No.

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