

A. Institutional Details

1.Name and Address of Institutions	District	Pn
2.Phone number	Land	Mobile
3.Email		
4.Category	Government/aided/unaided	
5. Name of the coordinator/ responsible person& mobile		
B.Plantation Details		
1. Total area of Land		
2.Availability of site	Single plot <input type="checkbox"/>	Multiple <input type="checkbox"/>
3.Ownership pattern	Govt.Land/single owner/society/trust/others	
C.Irrigation details		
1. Source of Water	Open well/bore well/pond/public water connection/other	
2. Availability of water	Sufficient/not sufficient for irrigation	
D.Protection measures	Compound wall / Wire fencing / Live Fencing	
E. Soil Condition		
1. Type of Soil	Sandy seashore / sand mix Black/ red/ Clay / Laterite/ Rocky / Hill Slope	

We hereby offer our willingness to establish a herbal Herbal Garden and Miyawaki Forest with the support and guidance of MVR Ayureveda Medical College in our institution. We further agree to maintain on our own coast