

APPENDIX

Form- 'A'

Form for seeking prior approval under section 2 of the proposals by the State Governments and other authorities

PART-I

(To be filled up by user agency)

Sr. No.		
	Project Details	
1.	(i)	Short narrative of the proposal and project/scheme for which the forest land is required.
	(ii)	Map Showing the required forest land, boundary of adjoining forest on a 1:50,000 scale map
	(iii)	Cost of the project:
	(iv)	Justification for locating the project in forest area.
	(v)	Cost-benefit analysis. (To be enclosed).
	(vi)	Employment likely to be generated.
2.	Purpose-wise break-up of the total land required.	
3.	Details of displacement of people due to the project, if any:	
	(i)	Number of families.
	(ii)	Number of Scheduled Castes/Scheduled Tribe Families

A. H. Raha
Manager Tech
 NHAI, PIU- Chhapra

	(iii)	Rehabilitation plan, (to be enclosed)	Not Required
4.		Whether clearance under Environment (Protection) Act, 1986 required?	Yes
5.		Undertaking to bear the cost of raising and maintenance of compensatory afforestation and/ of penal compensatory afforestation as well as cost for protection and regeneration of Safety Zone, etc. as per the scheme prepared by the State Government (undertaking to be enclosed).	Agreed and undertaking enclosed here with.
6.		Details of Certificates/documents enclosed. As required under the instructions.	<p>Detail Note on the Project. Certificate for minimum use of forest land. Undertaking for payment of cost of compensatory afforestation. Undertaking for payment of Net Present Value of forest area. CERTIFICATE FOR NO OTHER FEASIBLE ALTERNATIVE OF ALIGNMENT AND DIVERSION OF BAREST MINIMUM FOREST LAND. Undertaking for no wildlife area. UNDERTAKING FOR NON-STARTING OF ANY ACTIVITY WITHOUT SANCTION FROM COMPETENT AUTHORITY. Details of Alternate. Area Calculation Sheet.</p>

Amit Roushan
Signature

AMIT ROUSHAN
(Name in Block letters)
Manager (Tech)
Designation

Address (of User Agency)

PIU- Chhapra, NHAF
Manager Tech
NHAI, PIU- Chhapra

Date:

Place:

State Serial No. of proposal.....

(To be filled up by the Nodal Officer with date of receipt)