

Full Title of the Project :- CONSTRUCTION OF 100 BEDED CIVIL HOSPITAL AT
SANDHOL DISTT. MANDI (H.P)

File No: _____

Date of Proposal: _____

CHECK LIST SERIAL NUMBER:-11

**UNDERTAKING FOR PAYMENT OF COST OF
COMPENSATORY AFFORESTATION**

I, Chief Medical Officer Mandi District Mandi, do hereby, undertake to
pay the entire amount for compensatory afforestation in lieu of the forest area diverted for
0.2502 hact. as per the prevailing wage rates at the time undertaking the plantation
activities.

Place :- Mandi

Date:

(Signature of User Agency)

Official Seal

Chief Medical Officer
Mandi Distt. Mandi

Countersigned by:-

Divisional Forest Officer
Divisional Forest Officer
Forest Division
Office Seal