

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:-12-A

**UNDERTAKING FOR THE PAYMENT OF ADDITIONAL
NET PRESENT VALUE OF FOREST AREA**

It is to certify that I, Chief Medical Officer Mandi District Mandi have applied for diversion of **0.2502 hact.** of forest area, for the purpose of **CONSTRUCTION OF 100 BEDED CIVIL HOSPITAL AT SANDHOL DISTT. MANDI (H.P).**

It is further certified that the additional amount of Net Present Value will be paid by the under signed as per direction of the Hon'ble Supreme Court of India at the later stage.

Place :- Mandi

Date:

(Signature of User Agency)

Office Seal
Chief Medical Officer
Mandi Distt. Mandi

Countersigned by:-


Divisional forest Officer
Forest Division
Office Seal