

F. No. Z-18020/20/2011-NMPB

Government of India

Ministry of Health & Family Welfare
Department of (AYUSH)

National Medicinal Plants Board

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Dated: 25.06.2012

Most immediate

03.17

To All Mission Directors/Controlling Officers of 13 States

(Andhra Pradesh, Gujarat, Jharkhand, Kerala, Madhya Pradesh, Maharashtra, Meghalaya, Nagaland, Orissa, Sikkim, Tamil Nadu, Uttar Pradesh and Uttarakhand)

Subject:

Furnishing of information by State Mission for activities supported under the Centrally Sponsored Scheme of "National Mission on

Medicinal Plants"

Sir,

With reference to the subject cited above, it is stated that under Centrally Sponsored Scheme of "National Mission on Medicinal Plants" funds have been sanctioned to States during the last four years and the current year for taking up activities under the scheme mainly related to cultivation and setting up of Nurseries.

- 2. Project Management Consultant (PMC) has been engaged for independent monitoring, mentoring and evaluation of scheme implemented by the NMPB during the 11th Plan. In this context a format was developed by the NMPB and approved by 11th Standing Finance Committee (SFC) for collection of required information from States. The formats were circulated to all the states. The copy of the format is enclosed herewith for furnishing year wise information from the states.
- 3. In this regard you are requested to furnish the information for the year 2010-11 in the first instance followed by the remaining years (2008-09, 2009-10, 2011-12) in the prescribed format enclosed herewith, to enable early monitoring of the work and release of funds for the year 2012-13.

Yours faithfully,

(Meenakshi Negi) Director

-\Saroi\Centrally sponsored scheme\Letter 2010-11\Letter 2011-12\Letter 2011-12\Letter Annual Action Plan 2012-

Annexure-l

Format for furnishing year wise information by State Mission Activities supported under Centrally Sponsored Scheme of National Mission on Medicinal Plants

Name of the State:	1	Year	-	
		1		

1. Nursery

Cont	act person for eac	ch Nurse	гу							
S. No.	Name & Address, Phone / Fax / E-mail	Type of Nursery (Model / Small)		species C	Area Covered (in ha.)	Location of Nursery	Fund Provided (in Rs.)			Total Fund utilized (Rs.)
		Public	ublic Private	1 st installm ent Amount and date			installm ent Amount and date			
1										
2										
	Total				1					

Remarks by Mission Director:

2. Cultivation

Information about farmer undertaking

List	of farmer in	ı cluster	*	<u> </u>		·	•		Fund Provid	ted (In	Rs.)	Total
S. N.	Name and address of	Location of Cluster	Species sanctione d	Area (in	h a.)	Ye cultiva	ear wise ation (in	n ha.)	Fulla Flow	100 (m		Fund utiliz ed (Rs.)
	farmer			sanctioned	Actually Cultivat	1 st year	2 nd year	3 rd year	Released	Due	Total	
1				·								
2										-		
	Total				•							

Remarks by Mission Director:

3. Post Harvest Management

S. No.	Name Address recipients the grant	of	Details of PHM (Select any one Drying sheds, Storage godowns)	Private/ Public	No. Units	of	Fund pro	provided (in Rs.)		Total Fund utilized (Rs.)
							Released	Due	Total	
1						,			•	
2										
	Total									

Remarks by Mission Director:

10/1/11)

4. Processing & Value addition

							Fund utilized (Rs.)
	Processing Units, Setting up testing laboratories, Market promotion, Market infrastructure, Buy back intervention, Marketing infrastructure, Testing charges, Organic / GAP certification, Testing charges/ reimbursement, Organic / GAP certification, Crop Insurance			Released	Due	Total	
otal		Tan					
O	tal	Crop Insurance					

Remarks by Mission Director:

5. Total Expenditure during the year:

Activities	No. of Units	Amount Released (in Rs.)	Amount Utilized (In Rs.)	Amount Due (in Rs.)
Nursery				A Company of the Comp
Cultivation area (in ha.)				
Post Harvest Management				
Processing & Value addition		7		
Management Support				
Total				
	1.			