

**Govt. of Khyber Pakhtunkhwa Agriculture, Livestock & Cooperative Department**  
**Scheme for Promotion of Olive in Merged Areas**

**Application for Establishment of Olive Orchards**

Name of Applicant: \_\_\_\_\_  
Father / Husband Name: \_\_\_\_\_  
CNIC# \_\_\_\_\_  
Contact # \_\_\_\_\_  
Address: \_\_\_\_\_  
Union Council: \_\_\_\_\_  
Tehsil: \_\_\_\_\_  
District: \_\_\_\_\_  
Total land in ownership: \_\_\_\_\_  
Total Land for olive plantation: \_\_\_\_\_  
Coordinates of land allotted for olive plantation: \_\_\_\_\_  
Irrigation Source(Tube well, canals etc): \_\_\_\_\_

Signature of Applicant with date: \_\_\_\_\_

Recommendation / Verification of FA/AI, AS/AO \_\_\_\_\_

Approved by DDA / SMS: \_\_\_\_\_

**Affidavit on stamp paper with the below mentioned terms and conditions**

- I will be responsible for look after of the olive orchard established under the scheme “Promotion of olive in Merged Areas” on my land.
- I will be responsible for proper weeding and hoeing of the orchard laid out on my land.
- I will be responsible for proper irrigation of the orchard laid out on my land.
- In case of failure of plants only 14 No. plants per acre will be replaced by the Department once while the additional plants failure will be replaced by me.
- I will cooperate with the Department during field visit or monitoring etc.
- I will follow the instructions of Department regarding management and technical guidance.

Signature of Applicant / farmer: \_\_\_\_\_

CNIC \_\_\_\_\_

Cell # \_\_\_\_\_

Address: \_\_\_\_\_

Witness 1 \_\_\_\_\_

Witness 2: \_\_\_\_\_

Attested by Oath Commissioner \_\_\_\_\_

**Govt. of Khyber Pakhtunkhwa Agriculture, Livestock & Cooperative Department**  
**Scheme for Promotion of Olive in Merged Areas**

**Application for Grafting in Wild Olive Plants**

Name of Applicant: \_\_\_\_\_  
Father / Husband Name: \_\_\_\_\_  
CNIC# \_\_\_\_\_  
Contact # \_\_\_\_\_  
Address: \_\_\_\_\_  
Union Council: \_\_\_\_\_  
Tehsil: \_\_\_\_\_  
District: \_\_\_\_\_  
Total wild olive plants in ownership: \_\_\_\_\_  
Total wild olive for grafting: \_\_\_\_\_  
Coordinates of area where grafting is required: \_\_\_\_\_

Signature of Applicant with date: \_\_\_\_\_  
Recommendation / Verification of FA/AI, AS/AO \_\_\_\_\_  
Approved by DDA / SMS: \_\_\_\_\_

**Affidavit on stamp paper with the below mentioned terms and conditions**

- I will be responsible for look after of the olive plants grafted under the scheme “Promotion of olive in Merged Areas” on my land.
- I will be responsible for proper pruning of the grafted plants.
- I will cooperate with the Department during field visit or monitoring etc.
- I will accept the instructions of Department regarding management and technical guidance.

Signature of Applicant / farmer: \_\_\_\_\_

CNIC \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_

Witness 1 \_\_\_\_\_ Witness 2: \_\_\_\_\_

Attested by Oath Commissioner \_\_\_\_\_