

Application format for the Activity-4 (Special components for NER) & 5 (New Markets through state/district level local exhibitions/trade fairs) for claiming reimbursement after attending exhibition under the Marketing Assistance and Technology Upgradation Scheme.

1. Name of the MSME unit :
2. Office address with Fax No., E-mail ID :
and Mob. No. of the owner
3. Name and location of Exhibition/Fair attended :
4. Category under which applied (Gen./SC/ST/Woman/NER) :
(Documentary evidence for the underline categories may be furnished)
5. Types of the products displayed by the unit :
6. (i) EM No./SSI Registration :
(Enclosed an attested copy)

(ii) Proof of MSME status and functional status of the unit as on the date of attending the exhibition (As per format F.4.1) :
7. Details of the expenditure incurred in attending the exhibitions are as per follow :

Sr. No.	Activity	Mode of Journey	Actual expenditure	Remarks
1.	Pavilion/stall/space charges upto 6.0 sq.mtr.			
2.	To and fro actual fare by shortest distance.			
3.	To and fro transport charges for carrying the exhibits/products from the location of manufacturing unit up to the place of exhibition			Only applicable for Activity-4
4.	Total Expenditure			

All above payments shall be supported by the receipts in original.

8. Kindly reimburse the amount of Rs.....(Rupees.....) towards expenditure incurred in the participation of exhibition/fair, as per the scheme provision.
9. Pre-receipt to be furnished as per the Format-4.2

Declaration

i) That the aforesaid Company/Firm/Establishment(s) have not availed reimbursement/subsidy/grant/incentive for attending the exhibition/fair under any other scheme operated by Central Govt. (including O/o DC(MSME), M/o MSME)/State Govt./Financial Institution etc.

ii) I (Full Name)
S/o Managing
Director/Director/ Proprietor/Partner of M/s.....
(complete address) hereby declare that the particulars given in the application are correct. In case the statement/information furnished in the application/documents later found wrong/incorrect/misleading, I do hereby liable to pay to the Government on demand the full amount received by me as reimbursement in respect of above mentioned activity, within seven days on the demand being made by the Government.

Name & Signature of Managing Director/
Director/Proprietor/Partner of SSI unit (Full Name)

Format - 4.1

CERTIFICATE

This is to certify that M/s..... with office at
o f t a m e n t e d a t

dtd. is a MSME unit as per MSME Development Act, 2006 and is in production at the time of attending the exhibition, dtd..... to be organized at

Dated :

Director of Industries/
GM (DIC)
Name & Rubber Seal

OR

AFFIDAVIT*

I..... S/o.....
Managing Director/Director/Proprietor/Partner, M/s.....
..... With their Regd. Office at
& factory located at with
E.M.No..... dtd..... do hereby solemnly
affirm and declare as under :

i. The Company/Firm/Establishment has been a MSME unit as per MSME Development Act-2006 and has been functional and in production at the time of attending the exhibition, dated..... at.....

ii. The Company/Firm/Establishment continues to be a MSME unit; and in production as on date

iii. As per books of account, the total investment (original purchase value) in plant and machinery in the Company/Firm/Establishment as on is Rs..... (Chartered Accountant dated..... to this effect is attached).

Signed on this day of dtd.....

DEPONENT

VERIFICATION

I do solemnly affirm that the contents of the Affidavit are true to the best of my knowledge and belief.

DEPONENT

Date :

Place :
(Note)

*On a Stamp Paper (of Rs.10/- min.) in Delhi/amount as applicable in the respective state duly sworn before a Notary Public (duly affixed with Notarial Stamp and with Notary Seal and Notary Registration No.) or First Class Magistrate.

Name of the Industry _____

Address _____

Phone Number _____

PRE-RECEIPT (in Triplicate)

Received a sum of Rs. _____ (Rupees _____).
From the MSME-DItowards the reimbursement of
expenses incurred for attending the exhibition at

Rubber Stamp of the Unit
Signature of the Authorized Person(on Revenue Stamp)

Note : Please read the instructions while preparing this pre-receipt.

INSTRUCTIONS :

1. Please unse the A-4 size paper only.
2. Please do not fill in the amount in the pre-receipt. Leave the portion blank. The office of MSME-DI will fill it up after calculating the amount due to you.
3. Please ensure the authorized person of your unit signs at the places indicated for signatures of the authorized person on revenue stamp.