

**CLAIM FORM**

(To be filled by beneficiary unit for reimbursement under Domestic trade Fairs / Exhibition and Capacity building of MSMEs in Modern packaging Technique) ( Please refer para5(A) & (C) of scheme guideline)

	Reimbursement for (i) Domestic trade fair <input type="checkbox"/> (ii) Packaging consultancy <input type="checkbox"/> (tick whichever is applicable)		
<b>PART – I : Entrepreneurs Details:</b>			
1.	Name of Implementing agency		
2.	Name of the Applicant Unit		
3.	Complete address, phone, Fax, e-mail including name of the proprietor/partner		
4.	Udyog Aadhaar Memorandum Number (Pl. Enclose the copy of relevant document)		
5.	Category of the entrepreneur (General/Women/SC/ST/NER/PH) (Pl. Enclose the copy of relevant document, if applicable)		
6.	Type of the unit (Micro/Small/ Medium)(whichever applicable)		
7.	Category of the Unit (Manufacturing/Service)		
8.	Products manufactured/Service rendered		
<b>PART-II: Event details</b>			
<b>PART – II (A): In case Domestic Trade fairs / Exhibition</b>			
9.	Name of event participated, venue, duration of trade fair / exhibition		
10.	Feedback: [about 200 words ) include total value of sales, B2B orders, Knowledge on new technology, opportunity for market expansion.		
<b>PART – II(B): Packaging Consultancy</b>			
11.	Name of empanelled agency from which packaging consultancy obtained (if applicable)		
12.	Rating of packaging consultancy organisation(Good / Very good / Excellent)		
13.	Expected results from the consultancy(200 words)		
<b>PART – III: Payment Details</b>			
<b>DETAILS OF CLAIM(Rs.)</b>			
Name of scheme	Items	Actual Expenditure (In Rs)	Amount admissible as per scheme guidelines (In Rs)
<b>Domestic Trade Fairs/ Exhibitions</b>	Contingency expenditure(including travel, (Attach exp. copy for travel/publicity/freight charges) travel/publicity/freight charges)		
	Space Rent (stall rent)[Minimum booth/stall Size provided by fair organiser]( Attach invoice / bill)		
Total (in Rs.)			
<b>Packaging consultancy charges</b>			

**DECLARATION:**

I hereby certify that:-

- (a) Above information is correct and is based on the actual expenditure incurred. In case any of the statement / information furnished in application / document is later found to be wrong or in correct or misleading, I do hereby bind myself and my unit to pay to the Government on demand the full amount received as reimbursement in respect within seven days of the demand.
- (b) The unit has not claimed/applied for financial assistance from any other Ministry/ Department of the Government of India or any other State Government or any Government Institute/Agency for the above mentioned trade fair / packaging consultancy.

Signature of the Authorised Signatory

Name:

Designation:

Date:

Place:

**Approval Flow Chart:** Claim by applicant Unit to DC Office → Scrutiny → Approval / Sanction / Release to beneficiary unit