ANNEXURE – C

Check list for reimbursement of claims under Component 5 (A): PMS Scheme

Name of the fair/Exhibition_____

The following documents/ information have been received for reimbursement under PMS scheme from M/s_____

(Two additional copies submitted: Yes / No)

Sr. No.	Particulars	(Put '√' or 'x' in box)	Pg. no.
1.	Covering letter on letter head of unit /enterprise		
2.	Claim form (Annexure-D) filled by the unit		
3.	Print Out of Online Application form No. : UAM/DTF/___		
4.	Copy of UdyamRegn Certificate (Self Certified)		
5.	Original Invoice (s)/ Bill (s)		
6.	Original receipt Voucher(s)		
7.	Participants Feed Back report with photos (02)		
8.	Original Mandate Form (duly verified by the bank)		
9.	Cancelled cheque of the concerned bank (original)		
10.	Original Pre- receipt (Signed & stamped) (in triplicate)		
11.	Details of Agency creation for PFMS		
	(i) Name of the unit/enterprise, complete postal address of the unit/ enterprise with e-mail & mobile no. (as given in UdyamRegn Certificate).		
	(ii) Name of The Director (s)/ proprietor /Partner (s)		
	(iii) Date of Birth	(dd/mm/yyyy)	
	(iv) Gender	(Male/Female/Transgender)	
	(v) Aadhar Card Details	(Director (s)/ Proprietor/ Partners)	
	(vi) Udyam Registration Certificate detail		
	(vii) GST Number (enclose a copy of certificate issued by an Appropriate Authority)		
	(viii) Bank Details (Bank account number, Name of Bank, Branch Name, IFSC, MICR of Branch		
	(ix) Aadhat linked Bank Account Number		
12.	Copy of Aadhaar(s) Director (s)/Proprietor(s), Partner (s)		
13.	Copy of GST Registration Certificate		
14.	Other Related Documents (Pan Card) Etc.		

Documents/information checked and verified the claim of the aforementioned unit / enterprise is found and eligible for reimbursement as per PMS Scheme guidelines.

Signature

MANDATE FORM

1. INVESTOR/CUSTOMER'S NAME WITH COMPLETE ADDRESS, TEL/FAX NO AND EMAIL ID :

2. PARTICULARS OF BANK ACCOUNT

A. BANK NAME :

B. BRANCH NAME :
ADDRESS :

TELEPHONE NO. :

C. 9-DIGIT CODE NUMBER OF THE BANK & BRANCH APPEARING ON THE MICR CHEQUE ISSUED BY THE BANK. :

D. ACCOUNT TYPE :

E. LEDGER NO. /LEDGER FOLIO NO. :

F. ACCOUNT NUMBER (AS APPEARING ON THE CHEQUE BOOK) :

(In lieu of the bank certificate to be obtained as under, please attach a blank cancelled cheque or photocopy of a cheque or front page of your savings bank passbook issued by your bank for verification of the above particulars)

3. DATE OF EFFECT :

INFORMATION FOR PAYMENT THROUGH RTGS OR NEFT

G. IFSC CODE :

H. NEFT CODE :

I hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as participant under the scheme.

……
Signature of the
Customer with Company'sStamp

Certified that the particulars furnished above are correct as per our records.

Bank's Stamp:

SIGNATURE OF THE
AUTHORISED/OFFICIAL FROM THE BANK.

DATE:

(On letter Head)

PRE-RECEIPT

Received a sum of Rs..... (Rupees..... Only)from office of Development Commissioner (MSME), Ministry of MSME on account of financial assistance under "component(5-A)of Domestic trade fair under procurement and marketing support scheme (PMS)" of office of Development commissioner (MSME).

(Affix Rs. 1/- Revenue Stamp)

Signature of authorised signatory

(Name &Designation)

(**Stamp of the unit**)

PARTICIPANTS FEEDBACK REPORT

(To be filled in by all individual participants separately)
(All columns should be filled)

1	Name of the participating unit	
2	Address	
3	Name and designation of the Participant	
4	Phone No. (Mobile) (Off.)	
5	E-mail	
6	Website address of the unit	
7	Name/Place/Duration of event	
8	Comments of the participant regarding benefits of participation in the event [about 200 words along with photographs of event]	
9	Number and value (in INR) of Sales/export inquiries generated	
10	Details of businessfinalized/orders booked in B2B/B2C/B2G	
11	Other achievements such as joint ventures, technology transfer agreements, etc. (give details)	
12	Number of business visitors in the event	
13	Would you like to participate again in the event? If yes, reason for the same.	
14	Opportunity of Market Expansion	
15	Details of knowledge on new technologies noticed in the event which would be useful for MSMEs in India (copies of the brochures and other relevant literature may be attached as separate sheet):	
16	Remarks/Suggestions, if any	

Country	Field/Sector	Description of Technology	Contact details (phone number/e-mails etc.) of the company

Enclosed: Photograph of allotted booth at the event venue.

Date: Signature/Name/Designation of Participant

Annexure- D

CLAIM FORM

(To be filled by beneficiary unit for Claimingreimbursement)

	PART – I: Entrepreneur Details:	
1.	**Name of Implementing Agency**	
2.	Name of Applicant unit	
3.	Complete address, phone, fax, e-mail, including name of proprietor/partner	
4.	Udyam Registration No. (pl. Enclose the copy)	
5.	category of the entrepreneur (General/Women/SC/ST/NER/PH) (pl. Enclose the copy of relevant document, as applicable)	
6.	Type of the unit (Micro/Small) (Whichever applicable)	
7.	Category of the unit (Manufacturing/service)	
8.	Products manufacturing /service rendered by applicant unit	
	PART-II :Event details	
9.	Name of event participated, venue, duration of trade fair/exhibition	
10.	Feedback: (About 200 word) include details about new business tie-ups achieved though the event, B2B knowledge on new technology, opportunity for market expansion etc.	
	PART-III Payment Details	
	DETAILS OF CLAIM (Rs.)	

Name of Scheme	**Items**	**Actual Expenditure (In Rs.)**	**Amount admissible as per scheme guidelines (In Rs.)**
Domestic Trade fairs/Exhibition	Contingency expenditure (include travel, (attach expenditure Copy for travel/publicity/freight charges)		
	Space rent (stall rent) (Minimum Booth/stall size provided by fair organiser) (Attach invoice / bill)		
Total (in Rs.)			
Packaging Consultancy Charges			

DECLARATION:-

I hereby declare that:

(a)Above Information is correct and is based on the actual expenditure incurred. In case any of the statement /information furnished in application/documents is later found to be wrong or incorrect 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:-

Date:-

Designation:

Place:

Mobile: