

Annexure-VII

Claim Form for Marketing Development Assistance For Participation in the Trade fair/ Exhibition/BSM/Trade Delegation abroad

Ref No. _____

Date: _____

01.	Name of the firm with full address	IEC No: _____
02.	Approval Letter No. and Date	
03.	EH/TH Certificate	No. & Date: _____ Valid up to _____ (Attach a self certified copy of the Certificate issued by DGFT)
04.	Whether SSI?	Yes/No (if yes, attach a self-certified copy of SSI Registration Certificate)
05.	FOB value of exports during the last financial year	(Rs. In crores)
06.	Particulars of Event	Name of event: Place: Country: Duration of fair from ____To ____.
07.	Date of actual departure from India.	_____ (Please attach self certified photocopy of passport duly highlighting date of departure)
08.	Date of actual arrival in India.	_____ (Please attach self certified photocopy of passport duly highlighting date of arrival).
9.	Name & Designation of person who Attended the event.	
10.	No. of proposals already submitted in the same financial year.	
11.	Whether national participation in the Fair/exhibition organized by	Yes/No

	ITPO/EPC etc.	
12.	Whether participated through ITPO/EPC etc.	Yes/No
13.	Whether waiver certificate taken from ITPO/EPC etc.	Yes/No/N.A.
14.	Details of participations made With MDA assistance in the past in the same event.	
15.	Whether assistance availed from other Govt. Bodies/EPCs/Commodity Boards/APEDA/MPEDA/ITPO etc. for the activity under reference?	Yes/No (if yes, please give full details)
16.	Expenditure incurred a) Actual return airfare by economy excursion class b) Actual expenditure incurred on stall, decoration, water & Electricity charges.	Rs. _____ Rs. _____ (Please attach original air ticket/jacket used during the journey along with self certified photocopies of receipt, bank advice etc. evidencing payment made)
17.	Amount claimed	Rs. _____

Declaration

I solemnly declare that the particulars given in the above statement are correct. I bound myself and the company accountable and responsible for any incorrect information given in the above statement and shall immediately refund the amount received on the basis of wrong information provided in the above statement.

Signature _____
Name _____
Designation _____
Office Seal: _____

Place:
Date: