

Annexure-VII

**Claim Form for Marketing Development Assistance For
Participation in Trade fairs/Exhibitions/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 upto _____ (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	F.O.B. value of exports during the last financial year.	Rs. in crores
06	Particulars of event	Name: City : 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 from India.	_____ (please attach self certified photocopy of passport duly highlighting date of arrival).
09	Name & Designation of person who attended the event.	

Contd...

10	No. of proposals already submitted in the same financial year.	
11	Whether national participation in the fair/exhibition organised by ITPO/EPC etc.	Yes/No.
12	Whether participation 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 alongwith 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 amount received on the basis of wrong information provided in the above statement.

Signature _____

Name _____

Designation _____

Office Seal : _____

Place:

Date: