

**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. F.O.B. value of exports during the last financial year.

Rs. in crores

04. Particulars of event Name:

City:

Country:

Duration of fair from \_\_\_\_\_ To \_\_\_\_\_

05. Date of actual departure from India.

(please attach self certified photocopy of passport duly highlighting date of departure).

06. Date of actual arrival from India.

(please attach self certified photocopy of passport duly highlighting date of arrival).

07. Name & Designation of person who attended the event.

08. No. of proposals already submitted in the same financial year.

09. Details of participations made with MDA assistance in the past in the same event.

10. 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)

11. 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)

12. Amount claimed Rs \_\_\_\_\_

**Undertaking and Declaration**

I/We hereby solemnly undertake/declare that the particulars stated above are true and correct to the best of my/our knowledge and belief.

No other application for claiming assistance for this participation and/or travel cost has been made or will be made in future against purchase covered by the application.

Any information, if found to be incorrect, wrong or misleading, will render/us liable to rejection of our claim without prejudice to any other action that may be taken against us in this behalf.

If as a result of scrutiny any excess payment is found to have been made to me/us, the same may be adjusted against any of the subsequent claims to be made by my/our firm or in the event no claim is preferred, the amount overpaid will be refunded by me/us to the extent of the excess amount paid.

Signature :

Name in Block Letters:

Designation:

Name of the Applicant:

Firm

Company Seal:

Place:

Date: