

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)**

S. No. Particulars (Put or 'x' in box)Remarks

- |     |   |                          |       |
|-----|---|--------------------------|-------|
| 1.  | Covering letter on Letter Head of unit/ enterprise  | <input type="checkbox"/> | _____ |
| 2.  | <b>Online claim Form</b> /(Annexure - D) filled by the unit/ enterprise   | <input type="checkbox"/> | _____ |
|     | se  | <input type="checkbox"/> | _____ |
| 3.  | Print out of <b>Online Application Form</b> No.: UAM/DTF/Online Claim Form.   | <input type="checkbox"/> | _____ |
| 4.  | Copy of UDYAM Regn. Certificate (self-certified)  | <input type="checkbox"/> | _____ |
| 5.  | Original Invoice(s)/ Bill(s)  | <input type="checkbox"/> | _____ |
| 6.  | Original Receipt Voucher(s)   | <input type="checkbox"/> | _____ |
| 7.  | Participants Feed Back Report with photos (02)  | <input type="checkbox"/> | _____ |
| 8.  | Original Mandate Form (duly verified by the Bank)   | <input type="checkbox"/> | _____ |
| 9.  | Cancelled cheque of the concerned bank (original)   | <input type="checkbox"/> | _____ |
|     | :   | <input type="checkbox"/> | _____ |
| 10. | Original Pre-Receipt (signed & stamped) (in triplicate)   | <input type="checkbox"/> | _____ |
|     | :   | <input type="checkbox"/> | _____ |
| 11. | Details of Agency creation for PFMS   |                          |       |
|     | (i) Name of the unit/ enterprise, complete postal address of unit/ enterprise with email & mobile number [as given in Udyam Regn. Certificate]. |                          |       |
|     | (ii) Name of the Director(s)/ Proprietor/ Partner(s)  |                          |       |
|     | (iii) Date of Birth (dd/ mm/ yyyy)  |                          |       |
|     | (iv) Gender (Male/ Female/ Transgender)   |                          |       |
|     | (v) Aadhaar Card Details (Director(s)/ Proprietor/ Partners)  |                          |       |
|     | (vi) Udyam Registration Certificate details.  |                          |       |
|     | (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) Aadhaar linked Bank Account Number   |                          |       |
| 12. | Copy of Aadhaar Card(s) (Director(s)/ Proprietor/ Partners)   | <input type="checkbox"/> | _____ |
| 13. | Copy of GST Registration Certificate/Non-GST self-declaration certificate.  | <input type="checkbox"/> | _____ |
| 14. | Other related documents (PAN card) etc.   | <input type="checkbox"/> | _____ |
| 15. | Contingency Bill Receipt [(a).Travel/(b).Publicity/(c).Freight]   |                          |       |
| 16. | Additional Copies (Attached with Self-certification along with Yes/No enterprise seal)  |                          |       |