

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

Name of the Fair/ Exhibition: \_\_\_\_\_ **from** \_\_\_\_\_ **to** \_\_\_\_\_  
 \_\_\_\_\_ 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"/>	_____
<i>Online</i> 2.	Claim Form ( <del>Annexure - D</del> ) filled by the unit/ enterprise	<input type="checkbox"/>	_____
3.	Print out of Online Application Form 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"/>	_____
10.	Original Pre-Receipt (signed & stamped) (in triplicate)	<input type="checkbox"/>	_____
11.	Details of Agency creation for PFMS	<input type="checkbox"/>	_____
	(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 enterprise seal)	Yes/No	

**DECLARATION**

I declare that the particulars given in the above statement are correct. I also undertake that any financial assistance granted to me/my enterprise on the basis of this declaration shall be liable to be refunded to the Government if at any time any information furnished in this application is found to be wrong or incorrect or misleading. I do hereby bind myself and my enterprise to pay the Government on demand a sum equal to the amount claimed as financial assistance in respect of above mentioned activity, within seven days of the demand being made to me in writing.

Date

Signature

Encl :

Name.....

Designation.....

Annexure-I

**PRE-RECEIPT**

(For One-Time Registration Fee)

Received with thanks a sum of Rs. .... (Rupees ..... only) from the Director/HOO, MSME-DI ..... towards reimbursement of 80% of the one-time registration fee paid to GS1 India (under the Ministry of Commerce & Industry) for Bar Code registration.

(Affix Revenue Stamp)

Date :

(Signature)

Proprietor/Partner/Managing Director  
with Seal

Note: The above pre-receipt is to be submitted on Letter head of the company, in triplicate.



**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 / document is later found to be wrong or in correct 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 Authorized Signatory

Name:

Date:

Designation:

Place:

**Approval Flow Chart:**

Claim submission by applicant Unit → Scrutiny → Approval/Sanction/Release to beneficiary unit

  
26/07/2022

## MANDATE FORM

### ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/ REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS

**A. DETAILS OF BANK ACCOUNT HOLDER:-**

NAME OF THE ACCOUNT HOLDER	
COMPLETE CONTACT ADDRESS	
TELEPHONE NUMBER/FAX/MAIL	

**B. BANK ACCOUNT DETAILS**

BANK NAME	
BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL	
WHETHER THE BANK IS COMPUTERISED?	
WHETHER THE BANK IS <u>RTGS</u> ENABLED? IF YES, THEN WHAT IS THE BRANCH'S <u>IFSC</u> CODE	
IS THE BRANCH IS ALSO NEFT ENABLED?	
TYPE OF BANK ACCOUNT (SB/CURRENT/CASH CREDIT )	
COMPLETE BANK ACCOUNT NUMBER (LATEST)	
MICR CODE OF BANK	

DATE OF EFFECT:-

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 I would not hold the user Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the scheme.

Date: \_\_\_\_\_ ( )  
Signature of Customer

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

(Bank's Stamp) \_\_\_\_\_ ( )  
Date \_\_\_\_\_ Signature of Customer

**Please attach a photocopy of cheque along with the verification obtained from the bank.** In case your Bank is presently not "RTGS Enabled", then upon its up gradation to "RTGS Enabled" branch, please submit the information again in the above proforma to the Department at earliest.

जीएसटी गैर-नामांकन की घोषणा

महोदय/महोदया,

विषय: केंद्रीय/राज्य/केंद्र शासित प्रदेश/एकीकृत वस्तु एवं सेवा कर अधिनियम, 2017 के तहत पंजीकरण नहीं होने की घोषणा ।

हम.....

.....इसके द्वारा घोषणा करते हैं कि हम वस्तु एवं सेवा कर अधिनियम, 2017 के तहत पंजीकरण नहीं हैं (हमारा वार्षिक कुल कारोबार वस्तु एवं सेवा कर अधिनियम, 2017 के तहत निर्दिष्ट योग्य सीमा से कम है) अतः अनुरोध हैं कि कृपया इस संचार को वस्तु एवं सेवा कर अधिनियम, 2017 के तहत पंजीकृत होने की आवश्यकता नहीं होने घोषणा रूप में मानने का कष्ट करें ।

प्राधिकृत हस्ताक्षरकर्ता के हस्ताक्षर

व्यवसाय ईकाई की मोहर/मुहर

**PARTICIPANTS FEEDBACK REPORT**  
 (To be filled in by all individual participants separately)  
 (All columns should be filed)

1	Name of the Participating MSE Unit			
2	Address of Plant			
3	Name of Proprietor/Partner/ Director			
4	Mobile number of Proprietor/Partner/ Director			
5	Email ID of Proprietor/Partner/ Director			
6	Website of the participating MSE unit (if Any)			
7	Name, Venue and duration of the Event/Exhibition			
8	Comments of the participant regarding benefits of participation in the event (About 200 words along with photographs of event]			
9	Number of visitors visited your stall in the event			
10	Number and value (in INR) of export inquiries generated in the event.			
11	Details of business finalized/orders booked in the event.			
12	Other achievements such as joint ventures, technology transfer agreement, etc(give details)			
13	Would you like to participate again in the event? If Yes, reason for the same			
14	Details of 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):			
	Country	Field / Sector	Description of Technology	Contact details of the company.
	-	-	-	-
	-	-	-	-
15	Remarks/Suggestions, if any			

Enclosed : Photograph of allotted booth / stall at the event venue

Date

Signature / Name / Designation of Participant

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### 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)
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