

**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 in 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 me/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: