

ICT Enabled Digital Services FacilitationCustomer



Application Form

| | To: NSIC Branch/NTS | | Date: | | | |
|----------------------------------------------------------------|----------------------------------------------|----------|------------------------------------------------------------------------------|-------------------|--------------------|-----------------------|
| Sr. No. | Unit Details | | | | | |
| 1 | Name of Unit | | M/s | | | |
| | Complete Address the service would Provided. | | | | | |
| 2 | PIN: | | District: State: | | | |
| 3 | Type of Enterprise:(Pl. Tick) | | Micro □ Small □ Medium □ Large □ | | | |
| 4 | Social Category: (Pl. Tick) | | General | General SC ST OBC | | |
| 5 | Special Category: (Pl. Tick) | | WOMEN □ Ex-Serviceman □ NER □ PWD □ Minorities □ | | | |
| 6 | Udyog Aadhaar / Udyam Registration umber | | | | | |
| 7 | MSMEmart ID | | | | | |
| 8 | Email Address | | | | | |
| 9 | PAN No. (mandatory if ava | ailable) | | | | |
| 10 | GST No. (mandatory if available) | | | | | |
| 11 | Contact Person Name with Designation | | | | | |
| 12 | Phone No. of Contact Person | | Landline: (0)- Mobile: +91- s after referring the Product and Price List (s) | | | |
| | Name of ServiceProvider (SP) | | Name of Software/ Number of User | | | |
| | | | Product/Service | | | Licences |
| | | | | | | |
| | Date of | | | | | Amount inclusive |
| | Payment | Bank | Cheque/DD | / Pay Order / I | NEFT/ IMPS no. | of GST |
| | | | | | | |
| | Remarks (If Any) | | | | | |
| Disclaimer: I, | | | | | | |
| Name of the Applicant Sign | | | | | | Sign of the Applicant |
| For Of | ffice Use: | | | Office Addre | ess of NSIC Brancl | h/ NTSC |
| Date of Receipt: Date of Forwarding to SP: Date of Activation: | | | | | | |