
# F:FSC:01

To,

# THE NATIONAL SMALL INDUSTRIES CORPORATION LIMITED APPLICATION FORM FOR RAW MATERIAL ASSISTANCE AGAINST BG

The National Small Industries Corporation Ltd.

…………………………………………………

…………………………………………………

Dear Sir,

I/We desire to avail of the benefits of your Scheme under "Raw Material Assistance (RMA) against BG" as per your terms and conditions, for my/our business enterprise.

I/We certify that the details given in this application are true and correct and no material fact has been concealed or withheld.

I/We have understood and agree to abide by the terms and condition of your above scheme(s) including the amendments thereto made from time to time.

# In case any information / details furnished by me / us found to be incorrect, I / we shall liable for the consequences and damages to the Corporation.

Yours faithfully

( )

Signature with Official Stamp of Authorized Signatory

Name of the Signatory…………………………….

(In Capital Letters)

Date:………….. Designation of the Signatory…………………...…

Place :………….. Units name and address……………………….…..

Residential Address of the Signatory:

….…………………………………………………

……………………………………………………. Telephone………………..Fax:…………………...

**NOTE:**

1. **The complete application should be submitted in duplicate by the borrower, one copy of which will be returned for giving acknowledgement of receipt of application form.**
2. **No field / column in the application form is to be left blank.**


# APPLICATION FORM FOR RAW MATERIAL ASSISTANCE AGAINST BG

1. Name of the applicant unit :
2. Amount of assistance sought (Rs.) :
3. Particulars of the applicant unit

|  |  |  |
| --- | --- | --- |
| Constitution | Year of Establishment | Address & Tel. No.Factory Regd. Office |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Udyog Aadhar/Udyam Registration No.

 date

1. No. & date of GST Registration **:**
2. Details of PAN:
3. e-filing acknowledgement No. A/Y

(from the acknowledgement receipt on filing Company’s ITR each year)

1. Names, addresses, Telephone No. of Bankers & Accounts No(s) of Applicant unit

|  |  |  |  |
| --- | --- | --- | --- |
| Name of bank | Address | Account No. | Telephone No. |
|  |  |  |  |
|  |  |  |  |

1. Whether unit is located in a backward Area/ **:** Backward/Hilly Hilly Region (Please Tick Mark) Region/None
2. Tick Mark: Whether unit belongs to SC/ST/ Women entrepreneur/Physically Handicapped/Ex- Servicemen/Technocrat.

# Name & addresses of Sister / Associate / Group Account Concerns:

|  |  |  |
| --- | --- | --- |
| Name of the unit | Address | Names of common Proprietor / Partners/ Directors/society office bearers |
|  |  |  |
|  |  |  |

1. **Particulars of Proprietor / Partners/Directors/society office bearers:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Father’s/ Husband’s name | Address | Age | Qualifi- cation | Business Exp. (yrs.) | PANNo. | Aadh arNo. | Tele- phone &Mobile No. | E-mail Address | Net Worth(Rs.in lacs) | Internet Protocol (IP)address of ITR filed | e-filing acknowledgement No for last ITR filed |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

# Details of all Partners / Directors are to be given. (Use separate sheet if required)

# Line of Activity:

|  |  |
| --- | --- |
| **Nature of Project** | **Name of Products being manufactured/manufacturing** |
|  |  |
|  |  |

1. **Annual Requirement of Raw Materials**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Material** | **Name of the Manufacturer****/ Supplier** | **Quantity** | **Value (Rs.)** |
|  |  |  |  |
|  |  |  |  |

1. Particulars of financial assistance already received or likely to be received from Banks/FI's:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Financial Institutions &****Banks** | **Amount of assistance** | **Reference No. and date of sanction letter** | **Repay- ment position** | **Amount of default/ Overdues,****if any** |
|  |  |  |  |  |

1. B1. Have you (including any of your sister / associate concern) availed / availing assistance from any of NSIC Branch Office(s)/ NTSC(s) under RMA against BG /: -

B2. If yes, give complete details.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of NSIC****Branch Office/ NTSC** | **Name of unit (with address in case of sister concern)** | **Scheme under which assistance availed /availing** | **Sanctioned limit** | **Date of sanction** | **Present status****w.r.t. outstanding dues.** |
|  |  |  |  |  |  |

1. Details of Security proposed:
	1. Bank Guarantee

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No****.** | **Value of the BG proposed (Rs.)** | **Name of the bank issuing BG** | **Address & telephone No. of the Bank** |
|  |  |  |  |
|  |  |  |  |

* 1. Details of Personal Guarantees:

|  |  |  |
| --- | --- | --- |
| **Name & Addresses of Guarantors** | **Net worth / Means (Rs.)** | **e-filing acknowledgement No for last ITR filed** |
|  |  |  |
|  |  |  |
|  |  |  |

1. Employment generated by the unit (Total nos. of person)

|  |  |  |
| --- | --- | --- |
| **Existing Employment** | **Additional Employment** | **Total** |
|  |  |  |

1. Any other information:

**Declaration**

I , s/o being authorized signatory of M/s hereby certify that the details given in this application are true and correct and no material fact has been concealed or withheld. **In case any information / details furnished by me found to be incorrect, I shall be liable for the consequences and damages to the Corporation.**

Place:

**Signature of Authorized Person**

Date: **With official stamp**