

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

To,

The National Small Industries Corporation Ltd.
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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	Factory	Address & Tel. No. Regd. Office

4. Udyog Aadhar/Udyam Registration No. _____
date _____

5. No. & date of GST Registration :

1. Details of PAN: _____

2. e-filing acknowledgement No. _____ A/Y _____

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

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

Name of bank	Address	Account No.	Telephone No.

4. Whether unit is located in a backward Area/ Hilly Region (Please Tick Mark) : Backward/Hilly Region/None

5. Tick Mark: Whether unit belongs to SC/ST/ Women entrepreneur/Physically Handicapped/ Ex- Servicemen/Technocrat.

6. **Name & addresses of Sister / Associate / Group Account Concerns:**

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

7. Particulars of Proprietor / Partners/Directors/society office bearers:

Name	Father's/ Husband's name	Address	Age	Qualifi- cation	Business Exp. (yrs.)	PAN No.	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)

8. Line of Activity:

Nature of Project	Name of Products being manufactured/manufacturing

9. Annual Requirement of Raw Materials:

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

10. 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

11. B1. Have you (including any of your sister / associate concern) availed / availing assistance from any of NSIC offices under RMA against BG /: -

B2. If yes, give complete details.

Name of NSIC office	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.

12. Details of Security proposed:

a) Bank Guarantee

S. No	Value of the BG proposed (Rs.)	Name of the bank issuing BG	Address & telephone No. of the Bank

b) Details of Personal Guarantees:

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

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

Existing Employment	Additional Employment	Total

14. Any other information:

Declaration	
<p>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.</p>	
Place:	Signature of Authorized Person
Date:	With official stamp