



## FINANCIAL SERVICES MANUAL- 01

F:FSC:01

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

To,

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

Date:.....

Place :.....

Name of the Signatory.....

(In Capital Letters)

Designation of the Signatory.....

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.**



## FINANCIAL SERVICES MANUAL- 01

### 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 :

6. Details of PAN: \_\_\_\_\_

7. e-filing acknowledgement No. \_\_\_\_\_ A/Y \_\_\_\_\_  
(from the acknowledgement receipt on filing Company's ITR each year)

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

Name of bank	Address	Account No.	Telephone No.

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

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

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

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



## FINANCIAL SERVICES MANUAL- 01

### 12. 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)

### 13. Line of Activity:

Nature of Project	Name of Products being manufactured/manufacturing

### 14. Annual Requirement of Raw Materials:

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

### 15. 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

16. 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.



## FINANCIAL SERVICES MANUAL- 01

17. Details of Security proposed:  
a) Bank Guarantee

Sr. No	Value of the BG proposed (Rs.)	Name of the bank issuing BG	Address & telephone No. of the Bank
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- b) Details of Personal Guarantees:

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

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

Existing Employment	Additional Employment	Total

19. 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:

Date:

**Signature of Authorized Person  
With official stamp**