

**Annexure-1**

**APPLICATION FORM FOR CLAIMING REIMBURSEMENT OF TESTING FEE PAID BY SC-ST OWNED MICRO AND SMALL ENTERPRISE (MSEs)**

<b>For internal use by NSSHO</b>
Application number.....
Date of application received by NSSHO.....

**The following details are to be filled by the applicant**

**1. Enterprise Details**

Enterprise Details			
Unit Name			
Date of Incorporation			
UAM Number			
GST Number			
Office Address			
District			
Pin Code			
Telephone Number			
Email ID			
Category (Micro/ Small)			
Name of Promoter (s)			
Social Category of Promoter (SC/ST)			
Gender (Male/ Female/ Other)			
PAN Card No.			
Cost of Investment in Plant & Machinery or equipment's (In Rs.)			
Annual turnover in previous three financial years (In Rs)			
Range of Products manufactured or serviced	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		

## 2. Testing and Fee details

Testing and Fee details								
Name of Testing Center from where the services have been availed	Whether the testing laboratory is NABL or BIS Accredited	Contact Details of Testing Center			Category of tests availed – Raw Material, Semi – Finished, Finished Product or other type**	GST Invoice/ Bill No. and Date	Total Amount Paid before GST (In Rs)	Total Amount Paid after GST (In Rs)
1.....		Location	Address	Ph. No.				
2.....								
3.....								

Details of Tests Availed**					
Name of Testing Center from where the services have been availed	GST Invoice/ Bill No. and Date	Raw Material Tests availed (list out details of tests)	Semi-Finished Product Tests availed (list out details of tests)	Finished Products Tests availed (list out details of tests)	Other Type of Tests availed (list out details of tests)
1.....		.....	.....	.....	.....
2.....		.....	.....	.....	.....
3.....		.....	.....	.....	.....

## 3. In case, the applicant has availed reimbursement under this scheme before, please mention the following details:

Details of Tests availed previously under this Scheme					
Application ID No.....					
Name of Testing Center from where the services have been availed	Whether the testing laboratory is NABL or BIS Accredited	Date of Availment of services from Testing Laboratories or Centers	Total amount paid to Testing Lab or Center (In Rs)	Total amount reimbursed under the Scheme (In Rs)	Date on which reimbursement was received under the scheme
1.....					
2.....					
3.....					

**\*Please attach the proof of amount received as reimbursement by NSSHO/ NSIC through PFMS under the scheme**

**4. List of documents to be enclosed with the application form**

#	List of Documents	Page No.
1	Self-certified copy of UAM & GST	
2	Self-certified copy of PAN card - In case of proprietorship, PAN card of SC/ST proprietor ought to be submitted	
3	Self-certified copy of Caste certificate of proprietor/ all partners/ directors	
4	Details of shareholding in case of partnership / Pvt. Ltd / LLP firm. In case of partnership concerns, shareholding of the enterprise would be required to ascertain status of the MSE as SC/ST MSE (shareholding of SC/ST entrepreneur to be > 51%). Attested copy of Partnership Deed for Partnership Firm / Memorandum and Article of Association in case of LLP/Private Limited Company are required	
5	Attested or original copy (signature with stamp) of <b>payment receipt and system generated GST invoice</b> for total amount paid to respective testing center or laboratory for availing various testing services	
6	<b>NABL/ BIS</b> attested copy of <b>final testing report</b> received from the laboratory duly stamped and signed for all tests availed by SC-ST MSE unit	
7	Proof of transferred amount as reimbursement by NSSHO/ NSIC through PFMS under the scheme, where any such assistance is availed earlier with in the same financial year	
8	Cancelled Cheque of the current account of the enterprise from which the testing charges have been debited	

I ....., declare that all details given by me are true and correct. I confirm that I have not availed any reimbursement/ subsidy or financial assistance of any kind, in the current financial year w.r.t to reimbursement of testing fee paid to testing laboratory or center. I further undertake that I am not listed as defaulter by any of the Government Dept./ Private agencies. I also agree that I will refund the claimed amount in total, in case any discrepancies/ any of the above information/data provided by me found to be false/incorrect/ misleading.

Date

Signature of Applicant  
(Proprietor/ Partners/ Directors only)

Place

Name of Applicant

**FEEDBACK FORM**  
**SCHEME FOR REIMBURSEMENT OF TESTING FEE**  
**(TO BE FILLED BY APPLICANT)**

**A.** Did you find the reimbursement scheme useful?

Yes/ No

**B.** Please rate the scheme process mechanism

- Excellent
- Good
- Average
- Poor
- Very Poor

**C.** Would you recommend this reimbursement scheme to others?

Yes / No

**D.** Was the application process easy?

Yes/ No

**E.** Was your interaction with NSSHO satisfactory?

Yes/ No

**F.** Did you face any challenges in the application process?

Yes/ No

**G.** If yes, please mention the challenges.....

What further support do you need from National SC ST Hub?.....

1.....

2.....

3.....

4.....

**H.** Were you informed of other initiatives under the National SC ST Hub during your interaction with NSSH Officials?

Yes/ No

Date

Signature of Applicant  
**(Proprietor/ Partners/ Directors only)**

Place

Name of Applicant