



कोयर बोर्ड Coir Board

(सूक्ष्म, लघु और मध्यम उद्यम मंत्रालय, भारत सरकार
Ministry of MS&ME, Govt. of India)

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ANNEXURE -I

APPLICATION FOR COIR BOARD EXTERNAL MARKET DEVELOPMENT ASSISTANCE FOR PARTICIPATION IN BUYER-SELLER MEET/TRADE DELEGATION/ FAIR/ PRODUCTION PRODUCT BROCHURE FOR USE AT ABROAD

01	Name of the firm with full address and mobile No. of the key executive/ contact person	Email: Mob:
02	Whether belong to the category of enterprise or exporter	
03	Number of Industrial Establishment Registration as enterprise with Coir Board along with date of validity in the case of enterprise/ SSI Registration	Reg. No: Date of validity: (Attach copy)
04	Number of Registration as Exporter with Coir Board along with date of validity, in the case of exporters	Reg. No: Date of validity: (Attach copy)
05	FOB value of exports of coir and coir products in the previous financial year, in the case of exporters.	(Rs. in Crores)
06	Name of the event (in the case of delegation countries proposed to be visited) with duration/ Production of catalogue	
07	Name and designation of the person going abroad with mobile No	Email: Mob:
08	Arrival and departure	a. Proposed date of departure from India:-

		b. Proposed date of arrival into India:-
09	No. of proposal(s) already submitted in the same financial year	a. b. c.
10	Whether assistance have been availed for the event from any other source other than Coir Board EMDA?	Yes / No. If , Yes, Please give full details:
11	Whether belongs to the categories of Woman / SC / ST /or from NE Region? If so, specify the category	

DECLARATION

I/We hereby declare that

*1. I/We have not participated in any Buyer seller meet/Trade Delegation/ Fair abroad/ produced Product Brochure for use at abroad availing EMDA from Coir Board/any other Government Agency.

*2. We have participated in the following Buyer seller meet/Trade Delegation/ Fair abroad/ produced Product Brochure for use at abroad availing External Market Development Assistance from Coir Board/other Govt. agencies as detailed below:

* Strike out whichever is not applicable

Sl. No.	Year	Events participated	From whom Assistance obtained
1.			
2.			
3.			
4.			
5.			

The information given in this application is true and correct to the best of my knowledge and belief and in the event of proving otherwise I shall be liable to refund the assistance besides facing legal action.

Place:

Signature

Date:

Name & Designation

Seal: