

**FORMAT OF APPLICATION FOR INVITING CLUSTER PROPOSALS FOR
DEVELOPMENT OF COIR CLUSTERS UNDER SCHEME OF FUND FOR
REGENERATION OF TRADITIONAL INDUSTRIES (SFURTI)**

State	Office

1 Name of the Cluster:

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(Name of the cluster may specifically prefix the location and activity of the cluster e.g. Salem Coir Cluster)

2 Implementing Agency :

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Postal Address			
Contact Person			
Telephone No.		Mobile No.	
Fax No.		E-mail	

3 Location of the cluster:

(Indicate the location where the maximum concentration of activity/artisans located)

Name of the Block	
Name of the District	

4 Area covered by the cluster:

(Indicate list with specific names of the District, blocks under the district & villages to be covered under the cluster)

Name of the District	Name of the Block	Villages covered

5 A Brief on Activity of the cluster:

(Brief about the present on going activity of the cluster viz. spinning, weaving, processing etc.)

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6 No.of Coir units covered

(Indicate the list of the institutions to be covered under the cluster. In principal, the cluster must constitute with atleast 7 to 15 coir units)

Sl.No.	Name of the unit		Address		Area of Operation		Affiliated to (Pls tick ✓)	
							State	Others

7 Major Products produced in the cluster

(Please indicate the products in rank which has major productions)

(Quantity: Lakhs Sq. Mtrs. Value: Rs. In Lakhs)

S. No.	Products	Production					
		20.... -		20.... -		20..... -	
		Quantity	Value	Quantity	Value	Quantity	Value

8 Details of Coir machineries/Ratts available in the Cluster:

(Please indicate the brief about the machines and tools available in the cluster)

9 Details of Manpower available in the Cluster

A) Artisans

(Persons in Nos.)

No. of families	Skilled Artisan		Unskilled Artisans		Others	
	Men	Women	Men	Women	Men	Women

B) Employees

Production Staff	Marketing Staff	Management Staff	Others

10.

Raw material & Service Providers available in the Cluster a)**Raw Material Suppliers**

S.No	Name of the Raw Material Supplier	Type of Raw Material	Avialable in the Cluster	Available Outside the cluster

b) Other Service Providers

S.No	Name of the Other Service Providers	Type of Service	Avialable in the Cluster	Available Outside the cluster

(Please tick if the provider/supplier is inside or outside the cluster. Indicate the type of service provides by the service provider e.g. dyers, printers, etc.)

11 Sale of products manufactured in the cluster during 20..... -

	Particulars	Value of Sales (Rs. In Lakhs)
1	Retail sales through own sales outlets	
2	Whole Sales to Bulk buyers/Dealers	
3	Sales through Exhibitions	
4	Export	
5	Any other	

12 Skill Upgradation

(Please tick (✓) for Yes or No. Also give a brief clarification in the box below, if yes)

S.No	Particulars	Yes	No
1	Have the Employees/Artisans undergone skill upgradation training in last 2 years		

13 What Common/ Joint activities proposed by units involved in the cluster:

(Please brief of the joint activities organized creating common facilities, Skill upgradation trainings, setting up common marketing ventures for domestic as well as export market etc.)

S.No	Activities
1	
2	
3	
4	
5	

14 Whether the institutions in the cluster are willing to form a consortium to implement the joint action proposed:

(Please indicate Yes/No. If yes, the details thereof)

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15 Likely scope for increase in Employment specially Women/ SC, ST, OBC etc.:

(Please indicate no. of employment in next 5 years)

Sr.No	Year	Scope for Total No. of employment	Total No. of employment will include		
			Women	SC, ST, OBC	Others
1	2011-12				
2	2012-13				
3	2013-14				
4	2014-15				
5	2015-16				

16 Whether the cluster can continue its activity without incentives like Govt. Subsidy etc. :
(Please brief the issue)

17 Analysis of common opportunities/threats in the cluster:
(Please brief on specific factors for its selection)

18 Basis for selection and recommending this cluster under SFURTI:
(Please brief on specific factors for its selection)

AUTHORISED SIGNATORY
Name and Designation

Profile of the Implementing Agency (I.A.)

I	Institutional Structure/Registration Details						
1	Legal Status	<input type="checkbox"/> Central/State Governments Institution <input type="checkbox"/> Society (Under Societies Registration Act,1860) <input type="checkbox"/> Co-operative Society (Under appropriate Statue) <input type="checkbox"/> Registered as Trust <input type="checkbox"/> Proprietary firm/partnership <input type="checkbox"/> Registered Under Companies Act,2013 <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Company under Section 8 <input type="checkbox"/> Producer Company under Section 465 (1) <input type="checkbox"/> Other (Specify)					
2	Date of Incorporation/ Registration	Attach Certificate of Incorporation.					
3	Registered Address						
4	Office Address/Locations						
5	Registered with Coir Board	Yes/No If yes, provide Certificate No. _____ Validity of Certificate _____					
II	Governance Structure						
6	Composition of the Executive Board/ Trustees/Governing Body/Managing Committee and	Sr. No.	Name of Member	Designation	Background/Profile	Contact Number	Email

	Background of Members						
		Not Available					
7	In case, IA is registered under Companies Act, provide shareholding pattern	Sr. No.	Name of Member	Background/ Profile		Shareholding (%)	
		Not Available					
III	Operational Profile						
8	Major Objectives-Vision, Mission, Goal of the Organization						
9	What are focus areas of operational			1. 2. 3.			
10	Provide key projects/activities being undertaken by the IA-Brief description including the project scope, size and duration (mention specific experience in the area/sector of the proposed project)						
11	Mention key clients/donors associated with for project implementation along with details on the nature of association						
12	Mention key partnerships/alliances (if any)						
IV	Management Profile						
13	Background of key Personal (Professionals and others) with brief profile of the senior management personnel)						

V	Financial Position		
14	Key financials of the Organization (Provide copy of the audited financial statements for last 3years)	Fixed Assets	
		Current Assets	
		Current Liabilities	
		Revenue trend for last 3 years	
		Profit/Loss for the last 3 years	
		ISEC availed in case of KVIC/KVIB Inst.	Yes No
		Amount of ISEC availed during last three years	
		Any other	
VI	Bank Account Details		
15	Name of Bank		
16	Branch Name		
17	Bank Account Number		
18	IFSC code		
VII	Contact Details		
19	Name of Contact Person		
20	Designation of Contact Person		
21	Correspondence Address		
22	Contact Number		
23	E-mail Address		
	1. PAN/TAN 2. GST Number 3. DARPAN No. 4. Udyog Aadhaar/ MSME Regn. No.		

Treasurer(I.A.)

Secretary(I.A.)

Chairman(I.A.)