

Claim Form for Marketing Development Assistance for Sale-cum-Study Tour Abroad

1.	Name of the firm with full address	
2.	Name and designation of the Person who went abroad	
3.	Whether prior Approval of the Ministry of Tourism obtained for undertaking promotional tour abroad. (Please attach a copy of the approval letter.)	
4.	Certificate regarding approval of the Agency/Firm by Ministry of Tourism/State Tourism Deptt. in the case of Jammu & Kashmir and North Eastern States (please attach a self certified copy of the approval letter)	No. & Date Valid up to :
5.	Foreign Exchange Earnings / Total Turnover in the case of Jammu & Kashmir and North Eastern States, during last financial year.(Please attach a copy of certificate from the Chartered Accountant)	
6.	Name of the Country(ies) visited for sale-cum-study tour and the dates/duration of stay abroad	
7.	Actual date of departure from India. (Please attach a self certified photocopy of passport highlighting date of departure)	
8.	Actual date of arrival to India (Please attach self certified photocopy of passport highlighting date of arrival)	
9.	Details of Number of proposal(s) already submitted in the same financial year	
10.	Details of the financial assistance availed earlier under the MDA Scheme separately for : a) Sale-cum-Study Tour b) Participation in fair/exhibition c) Production of Publicity Material	(Please furnish details of countries/fairs and exhibitions, name of the persons who went abroad and the amount of financial assistance received in each case)
11.	Actual expenditure incurred on return airfare by economy excursion class	(Please attach original air ticket/jacket used during the journey along with three self certified Photostat copies)

12	Amount being claimed	
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Declaration

I solemnly declare that the particulars given in the above statement are correct. I bound myself and the company accountable and responsible for any incorrect information given in the above statement and shall immediately refund amount received on the basis of wrong information provided in the above statement.

Signature _____
Name _____
Designation _____

Office Seal:
Place:
Date: