

**APPLICATION FORM FOR CLAIMING REIMBURSEMENT OF BANK CHARGES FOR
PERFORMANCE BANK GUARANTEE OBTAINED BY SC-ST MICRO AND SMALL ENTERPRISES
FOR PARTICIPATION IN GOVERNMENT TENDERS**

For internal use by NSSHO

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.			
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"> • • • 		

2. Bank Guarantee Information (Please provide information in respect of all Bank Guarantees for which reimbursement has been sought, in case more than one, in the additional sheets in the same format)

Particulars	Details
CPSE Tender ID against which BG is taken	
Work Order/Supply Order/ Purchase Order Number and Date	
Details of product /service ordered	
Order Value (Rs.) related to BG Applied	
Order Duration (Months)	
Performance Bank Guarantee (PBG) issued in favour of (MSE/ Unit Name)	
MSE/ Unit Address	
Amount of Performance Bank Guarantee (In Rs.)	
Bank Guarantee Charges (In Rs)	
Bank Guarantee Charges (excluding taxes)	
Bank Guarantee Tenure (months)	
Bank Name	
Bank Address	
Bank Guarantee Issuance Date	
Bank charges Debit/Payment Date	
Bank Guarantee ID/ No.	

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

Details of reimbursements <u>availed previously</u> under this Scheme							
Application ID No.....							
Name of Bank issued the Performance Bank Guarantee	Contact details of the Bank			Bank Guarantee issuance date& BG ID/No.	Amount of Bank Guarantee (In Rs)	Total amount paid to the Bank (In Rs)	Amount reimbursed under the scheme (In Rs)
	Location	Address	Tel No.				
1.....							
2.....							
3.....							

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

**FEEDBACK FORM
BANK GUARANTEE REIMBURSEMENT SCHEME
(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.....

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

- 1.....
- 2.....
- 3.....
- 4.....

I. 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

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