

ANNEXURE – 1

APPLICATION FOR DESIGN CLINIC SCHEME FUNDING ASSISTANCE

(To expedite processing of your application, please ensure that the application form is filled up completely. Where information is not available or applicable, please indicate accordingly. Please enclose all supporting documents as requested in the form).

PART I – MSME DATA

1. General

(a) Registered name of company: _____

(b) Correspondence Address & Tel: _____

(c) Registered as (please tick):

Sole Proprietorship _____ Partnership _____

Private Limited _____ Others (please specify) _____

(d) Business Activity: _____

(e) Staff Strength & Brief Background of Key Executives: _____

2. Sales & Profits

(a) Sales Turnover & Profit for last 3 years (Please attach a copy of Financial Statements): _____

(b) Projected Sales & Profit for next 3 years (excluding current year): _____

3. Contact Person

(a) Name and Designation: _____

(b) Contact Details (Address, Email, Telephone Number, Mobile Number): _____

4. Has the MSME been granted any financial support from Design Clinic before? If yes, please list all project references and amount of funding involved. Please also list other Design Clinic applications of the MSME pending approval. _____
