



**Application Form – ODOP Branding Scheme for Retail Stores**

(For reimbursement towards ODOP Branding at Airports/Railway Stations)

1. Tick the appropriate category

Railway Station  Airport

2. Tick the appropriate category

Sole Proprietorship  Partnership   
 Pvt LTD Company  Limited Liability Partnership   
 Cooperative  One Person Company

**3. APPLICANT DETAIL**

Name of the person			
Designation			
Communication Address (Proof needs to be attached)			
Permanent Address (Proof needs to be attached)			
Village		Taluka	
District		State	
Pincode		Mobile/ Landline	
Email ID			
PAN CARD			
Aadhar Card			

**4. ENTERPRISE DETAIL**

Name of the enterprise			
Type of Concern	Manufacturer only <input type="checkbox"/>	Retailer only <input type="checkbox"/>	
	Manufacturer-cum-retailer <input type="checkbox"/>		
GST Number			
Registered Address			
Works/Office Address (if different from registered address)			
Village		Taluka	
District		State	
Pincode		Mobile/ Landline	
Email ID		Website	

5. Details of Retail Store (for which applicant is applying)

Status of Retail Store	Existing <input type="checkbox"/>	New <input type="checkbox"/>
Total Carpet Area of retail store (in sq feet)		
Name of the Railway Station/Airport (As applicable) along with complete address		
District Name	State	
GST Number of the Retail Store (with proof)		
Category for which applicant is eligible	Amount(INR)	
A) <input type="checkbox"/>	<input type="text"/>	
B) <input type="checkbox"/>	<input type="text"/>	
C) <input type="checkbox"/>	<input type="text"/>	
Name of ODOP products proposed to be placed in the store	PRODUCT	DISTRICT
	1. _____	1.
	2. _____	2
	3. _____	3
	4. _____	4

6. Has the concerned applicant or enterprise previously applied and has taken /is taking incentive under scheme (Yes/No)

If yes, kindly share the below (and submit a copy of signed Agreement(s)).

S No	Name of the Railway Station/Airport (As applicable) along with complete address	Registered GST Number of the Retail Store (with proof)
1.		
2.		
3.		

7. Bank Details for DBT (Direct Benefit Transfer), Cancelled cheque to be attached)

Name of Bank	
Branch Name	
IFSC Code	
Name of the Account holder/Enterprise	
Saving Account/Current Account	
Account Number	

**Declaration:** I hereby declare that the information, statement & documents submitted are to the best of my knowledge & belief, true and correct in all particulars. I am abide with the terms, conditions, eligibility criterias and parameters specified in the Government Resolutions, and as amended, under Order No \_\_\_\_\_. I also declare that I am authorized by the enterprise to sign and submit the application and related details with relevant documents.

Date:

Signature of the Authorized Person

Place:

Seal of the Enterprise

List of Documents (to be attached)

1. Aadhar Card of the Applicant. (Copy)
2. PAN Card of the Applicant (Copy)
3. GST Proof of the Enterprise (Copy)
4. GST proof for the Retail Store (Copy)
5. Proof for registered address of the Applicant/Enterprise (Copy)
6. In case, the applicant/enterprise has taken benefit under the scheme previously, the details and MOU copies (Copy)
7. Cancelled Cheque (Original)
8. Declaration letter for claim and eligibility on Rs.10/- stamp paper, in original.