YARN DEPOT APPLICATION FORM

I	(Secreta	ny/ President	/ Chairman/ Ex	vecutive) on	
behalf of M/srequesting/ submitting the application fo Scheme (RMSS). The details of our age	r allotment of ya	arn depot statu		is	
Particulars	Remarks				
Name of Handloom agency					
Type of agency	State G Cooperativ handloom.	Producer Con Sovernment's	Department/ ns dealing with		
Certificate of the agency					
Copy of agency's resolution, if any					
Address and Contact no of agency	Address District – State - Contact No	_			
Contact Person (Name/Designation/Contact No.)					
Agency Registration	MSME: UDYAM: DIC Registr HEPC Registr Any other:				
GST No and PAN No	GST No:- PAN No:- Copy of above is required to be enclosed				
Any Award to Agency / Member	1. 2. 3.	•			
Members details	Gender bas Female	Male	Trans	Total	
	Caste base	d			

	SC	ST	OBC	Gen	Total
	demograpi	ved list of r nics (Aadha be enclose	ar, Mobi		th k details of
Handloom Details	Total No. of H/L - No. of Working H/L -				
Type of Handlooms	1. Pit Loor 2. Frame L 3. Loin Loo 4. Other Total	.ooms -			
Product Profile	Dhoti / Sari / Lungi / Dress Material / Shirting / Towel / Napkin / Duster / Bedsheet / Blanket / Shawls / Durries / Rugs / Mats / Others (
Type of Yarn requirements	(Cotton, Silk, Wool, Linen, Jute, Acrylic, Polyester, & Blends, Viscose & Blends, Any other)				
Type of Dyes used & Consumption	Natural Dye, Reactive Dye, Vat Dye, Disperse Dye, Acid Dye, Direct Dye, Any Other				
Major Market	 Local Exhibitions E-Commerce Export Any Other 				
Participating In NHDC Exhibitions	Ye	es		No	
Last Year's Turnover (Value in Lacs Rs.)	Year 2023-24	Turnove (In Lac F	Rs) pu	llue of Yarı ırchased tl HDC (In La	rough
	2022-23 2021-22	rs audited F	Palanco	Shoot ho c	unclosed
Expected number of weavers benefited by the depot	Last 5 year	rs audited E	aidiiCE	Olieer ne e	IICIUSCU
Distance from existing nearby warehouse / depot					
Yarn Pass Book No (if allotted)					
Area available for yarn depot operation					
Purpose of yarn depot					

Any Other detail					
Any Other detail					
I/We certify that, on allocation of yarn depot status under RMSS, our agency will be fully abide with the applicable guidelines of RMSS and yarn depot operations.					
(Signature of Authorised person) (with Stamp) Name of Authorised Person :					
Designation:					
Place					
Date					