



Directorate of Fisheries
Government of Goa
Dayanand Bandodkar Marg, Panaji Goa
Tel: (O) 2224838, Tel: (Dir) 2227780, Fax (0832) 2231049
Email: dir-fish.goa@nic.in

PHOTO

Name of the Scheme/Project: Financial Assistance to set up Fish Kiosk Retail Fish Outlet

1.	Name of the Applicant		
2.	Address		
3.	Contact No.		
4.	Area of operation		
5.	Aadhaar Card No.		
6.	Whether belongs to SC/ ST		
7.	Ownership documents of land	(a) Survey No.	
		(b) Sale Deed/Lease Deed	
8.	Total Cost/Quotation for setting up of Fish Kiosk Retail Fish Outlet	Rs.	

DECLARATION

I hereby declare that the particulars given above are true and correct to the best of my knowledge and belief.

In case the information furnished by me is found to be false then I agree that the application is liable to be rejected.

Date :-

Place :-

Name and Signature of the Applicant

DOCUMENT TO BE ENCLOSED :-

1.	Residence Certificate of 15 years	Enclosed <input type="checkbox"/>	/Not Enclosed <input type="checkbox"/>
2.	Aadhaar Card	Enclosed <input type="checkbox"/>	/Not Enclosed <input type="checkbox"/>
3.	SC/ST Certificate (if applicable)	Enclosed <input type="checkbox"/>	/Not Enclosed <input type="checkbox"/>
4.	Quotation of Fish Kiosk	Enclosed <input type="checkbox"/>	/Not Enclosed <input type="checkbox"/>

5.	Detail Project Proposal	Enclosed <input type="checkbox"/> /Not Enclosed <input type="checkbox"/>
6.	Engineering Layout	Enclosed <input type="checkbox"/> /Not Enclosed <input type="checkbox"/>
7.	Survey Plan	Enclosed <input type="checkbox"/> /Not Enclosed <input type="checkbox"/>
8.	Form I & XIV	Enclosed <input type="checkbox"/> /Not Enclosed <input type="checkbox"/>
9.	Sale Deed/ Lease Deed	Enclosed <input type="checkbox"/> /Not Enclosed <input type="checkbox"/>
10.	Registration Detail (if any)	Enclosed <input type="checkbox"/> /Not Enclosed <input type="checkbox"/>
11.	Letter from Bank to avail loan (if applicable)	Enclosed <input type="checkbox"/> /Not Enclosed <input type="checkbox"/>
12.	Mandate form (2 copies)	Enclosed <input type="checkbox"/> /Not Enclosed <input type="checkbox"/>

(Incomplete Application shall be rejected)

(For use of Fisheries Surveyor/Officer of respective village Panchayat)

All the necessary documents furnished along with the application have been verified and found in order. The applicant has to be signed in front of Officer.

Date:-

Place: -

Signature of the Fisheries Surveyor/Officer with seal

Name:-



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MANDATE FORM
ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) FOR DIRECT BENEFICIARY TRANSFER (DBT) FOR AVAILING GOVERNMENT SUBSIDIES/ASSISTANCE

1. Name of the Applicant :
- (a) Mobile No. (For SMS) :.....
2. Aadhaar Card Number :.....
3. Particular of bank account (**Linked with Aadhaar**)
 - (a) Name of the Bank :.....
 - (b) Account Number :.....
 - (c) Name of the Branch :.....
 - (d) Address :.....
 - (e) Telephone No. :.....
 - (f) 9 digit code no. of the Bank
and branch as appearing on
MICR cheque. :.....
 - (g) Type of Account:.....
 - (h) IFSC code:-.....

(In lieu of the bank certificate to be obtained as under, please attach a blank cancelled cheque or photocopy of a cheque and front page of your savings pass book issued by name for verification of the above particulars)

4. Date of effect

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible, I have read option on invitation circular and agree to discharge the responsibility expected of me participant under the scheme.

Signature of the Applicant/Officer/Firm/Supplier

It is certified that the particulars furnished above are correct as per records and the above Account no. is linked with Aadhaar Number of Applicant.

Bankers stamp

Date:

Signature of the authorized official of the Bank with seal

