



F.No. M-11014/1(105)/2016-17-MSS(IM)
Government of India
Ministry of Textiles
Office of the Development Commissioner (Handicrafts)

West Block No. VII, R.K. Puram
New Delhi – 110066.
Dated : 02.04.2018

Deputation of Artisans in International Marketing Events

Applications in the prescribed format are invited from eligible Handicrafts artisans of India for deputation in the International Marketing events outside India during 2018-19 under MSS Scheme of O/o DC(Handicrafts). Applicant should be in the category of Shilp Guru/NA/NMC holders from DC(Handicrafts) only and not have participated in any International Event under MSS Scheme during the last 5 years. Preference will be given to those awardees who have never participated in any international event of MSS Scheme before. Filled-in applications complete in every respect along with copies of Award and Passport should reach “Office of the Development Commissioner (Handicrafts)” at the above address.

Encl: Application Format

(A.K.Mohanty)
Asstt. Director(IM)



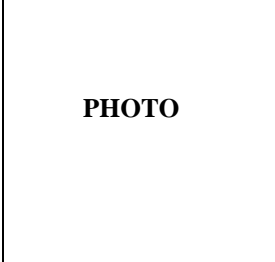
DEVELOPMENT COMMISSIONER (HANDICRAFTS)

Ministry of Textiles, Government of India

**PERFORMA OF APPLICATION FOR DEPUTATION IN INTERNATIONAL MARKETING EVENTS
OUTSIDE INDIA DURING 2018-19**

1. Name (in Block Letters) : _____
2. Father/Husband's Name : _____
3. Craft:- _____
4. Award Type:- _____ Year _____
5. Artisan Card No.:- _____ Region _____
6. Passport No.:- _____ Date of Expiry _____
7. Details of previous participation in International events, if any:- _____
8. Date of Birth (in figures):- _____
9. Age (As on) : Years _____ Months _____ Days _____
10. Gender :- Male/Female 11. Nationality _____
12. Category : _____
13. Knowledge of Language :- _____
14. Permanent Address: _____
_____ Mob. _____
- Correspondence Address :- _____

- Email ID (If any) _____



I hereby solely declare that the above mentioned information is true to best of my knowledge and belief. If at any time, the above information is found false, I am liable for any action deemed fit.

Encl: Attach attested photocopies of required testimonials.

Date : _____

(Signature of the Applicant)

Place : _____