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)
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 : ________________

Place : ________________

(Signature of the Applicant)