



**ICT Enabled Digital Services Facilitation**  
**Customer Application Form (CAF)**



Ver. 2


To, \_\_\_\_\_ Date: \_\_\_\_\_  
Head of NSIC Branch/NTSC: \_\_\_\_\_

Sr. No.	Unit Details (All fields are mandatory unless specified otherwise)			
1	MSMEart ID			
2	Name of Unit	M/s		
3	Complete Address of Unit where the product/service would be availed			
	District:	State:	PIN:	
4	Type of Enterprise: (Pl. Tick)	Micro <input type="checkbox"/>	Small <input type="checkbox"/>	Medium <input type="checkbox"/> Large <input type="checkbox"/>
5	Social Category: (Pl. Tick)	General <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/> OBC <input type="checkbox"/>
6	Special Category: (Pl. Tick if applicable)	WOMEN <input type="checkbox"/>	Ex-Serviceman <input type="checkbox"/>	NER <input type="checkbox"/> PWD <input type="checkbox"/> Minorities <input type="checkbox"/>
7	Annual Turnover (in Rs Lakh) in the last Financial Year:			
8	Udyog Aadhaar / Udyam Registration Number:			
9	Official Email Address of the Unit :			
10	PAN No.			
11	GST No. (mandatory if available)			
12	Contact Person Name with Designation			
13	Phone No. of the Unit	Landline: (0_____-)	Mobile: +91-	
14	Please fill the details below after referring the Product and Price List (s) of			
	Name of Service Provider	Name of Product/Service	Details of product/service As per P&P List	Number of User Licences required
15	Date of Payment	Bank	Cheque/DD/ Pay Order / NEFT/ IMPS no.	Amount inclusive of GST
16	Remarks (If Any)			

**Disclaimer:** I, \_\_\_\_\_, am authorised on behalf of M/s..... vide Authority Letter dated.....(in case of partnership) / Resolution dated.....(in case of company) to purchase the abovesaid product/service for the aforementioned MSME unit and understand & agreed that NSIC, being only a facilitator, will not bear any obligation, responsibility or liability due to any issue arising out of usage of such product/service nor would be a party to any dispute whatsoever between the abovementioned MSME unit & Service Provider (SP). I have also read and understood the terms & conditions of usage of these products/services from the website/ product brochure of the same and agreed & understand that all After Sales Service and customer care support will be provided directly by concerned SP. I further undertake that NSIC, after arranging successful delivery/installation of the product/service through the SP, will not be responsible **and / or liable** for any issue including but not limited to loss of data, leakage of personally identifiable information, functions & features of the product/service etc. In any case, the extent of liability of SP would be limited to the maximum retail price of the product/service. In the unlikely scenario of SP failing to provide/activate the agreed services within a specified time period as per P&P List, the amount paid by the applicant unit along with CAF may be refunded without interest.

I understand that the email and mobile number filled in this form may be required during the course of product/service activation/installation by the Service Providers and these details will not be changed under normal circumstances.

Name of the Applicant \_\_\_\_\_ : Signatures of the Applicant: \_\_\_\_\_

<b>For Office Use:</b>  Date of Receipt: _____ Date of Forwarding to SP: _____ Date of Activation/Installation: _____	<b>Office Address of NSIC Branch/ NTSC</b>  
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