

**APPLICATION FORM FOR PARTICIPATION IN: Dilli Haat, INA Market, New Delhi/ Crafts Mela**  
**(Name of the Crafts Mela)**

1. Name of the Awardee/Indian Handloom Brand registered holder/Cluster (such as Coop. Society/Producer Group/SHG/Federation) :
2. Complete Postal Address & Telephone/Fax :
3. Contact Person, Designation :  
(in case of cluster)  
(Name/Tel/Fax)
4. State :
5. Aadhar/Voter Card No. :  
(please also attach the copy)
6. (i) Status of clusters:  
(please tick mark the appropriate Status and submit the proof)
  1. Coop. Society
  2. Producer Groups
  3. Self Help Groups
  4. Federations
- (ii) Name of Award (Handloom Sector) received in case of awardee (Sank Kabir Award/National Award/National Merit Certificate/State Award) :  
(Please attach award certificate)
7. (i) If you are registered with "India Handloom" Brand (IHB)  
(Mention registration no. mandatorily):
- (ii) If you are registered with Handloom Mark  
(Mention registration no. mandatorily):  
  
(Copy of registration No. of IHB/Handloom mark obtained from Textile Committee to be enclosed)
8. Product profile/name of the craft from respective State to be specified (to be displayed/sale) :
9. Have you participated earlier in this event, if so please specify :
10. Annual turnover for last year :
11. Have you ever been debarred from \_\_\_\_\_  
Participation in any fair by any authority  
(If yes please give details)

**Declaration:** We fully understand and agree that allotment of stall will be finalized by Office of DC(Handlooms) regarding selection of the cluster/Awardee/India Handloom Brand registered holder, allotment of stall shall be final and binding us. Also, if selected for participation, stall allotted to me/this organization will be acceptable to us. We also agree that Office of DC(Handlooms) reserves the right not to allot stall to any applicant without assigning any reason. We further undertake to display and sell the products \_\_\_\_\_(name of the products/crafts) produced on handloom from \_\_\_\_\_ State. If, we violate any of the above, we hereby authorize Office of DC(Handlooms) to get the stall vacated from us, debar from participation in any other event/expo/exhibition of Office of DC(Handlooms) and we shall also be liable for disciplinary action as deemed fit by Office of DC(Handlooms)

Signature of the Awardee/Indian  
Handloom Brand registered holder/Head/Chief Executive  
of the Cluster  
concerned/society(Name, Designation with organization stamp)

Attested Photograph of the participants (authorized person of the organisation) and their representatives (if any) who shall be present in the stall at Dilli Haat, New Delhi/Crafts Mela/ during the exhibition duly attested by Chief Executive/Awardee/India Handloom Brand registered holder.

S.No.	1	2	3	4
Photograph				
Name				
Designation				

**Please note:**

1. Please furnish the required detail in each column. If required information is not forwarded/required documents are not enclosed, the application is liable to be rejected.
2. Before submission of the application, please ensure that the application is duly recommended by the competent authority in the format given below. Applications which are not recommended by the Zonal Director/ Officer-in-charge, WSCs/Directors/Commissioners for Handlooms & Textiles of the States/UTs are liable to be rejected.

**Signature of the Awardee/Indian Handloom Brand registered  
Holder/Head/Chief Executive  
of the Cluster  
concerned/society(Name, Designation with organization stamp)**

**FORM TO BE FILLED BY RECOMMENDING AUTHORITY**  
**(All Commissioners/Directors-in-charge of Handlooms/Textiles in the States/  
Union Territories/Directors/HoO of All Weavers Service Centers)**

We hereby recommend M/s./Shri/Smt.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (full name & address of the applicant) whose particulars are given above to participate in the Exhibition namely Dilli Haat/ Programme Crafts Mela (Name of the mela) organized by office of the Development Commissioner for Handlooms, Ministry of Textiles/ Crafts Mela Authority of State Government concerned.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

Office Seal \_\_\_\_\_

Postal Address, Phone No./Fax  
No. \_\_\_\_\_

e-mail \_\_\_\_\_