

FILLED CHECKLIST NEED TO BE SUBMITTED WITH MOU & SPPORTING DOCS BY ITI**MOU ATTESTED BY BOTH ITI PRINCIPAL AND INDUSTRY AUTHORIZED REPRESENTATIVE**

NAME OF ITI -

NAME OF ORGANIZATION/ INDUSTRY PARTNER -

TRADE/S FOR DST IN MOU -

MOU ON NON JUDICIAL STAMP PAPER WITH NOTARY SEAL & SIGN

MOU SIGNED & STAMP SEALED BY BOTH INDUSTRY AUTHORIZED REPRESENTATIVE & ITI PRINCIPAL ON NON JUDICIAL STAMP PAPER

INDUSTRY LOCATED IN WB

MOU TENURE CLEARLY MENTIONED IN MOU PAGE

LAST 3 YRS EACH TURNOVER/ PROFIT LOSS ACCOUNT FIGURE CLEARLY MENTIONED IN MOU PAGE

EMPLOYEE DETAIL OF INDUSTRY CLEARLY MENTIONED IN MOU PAGE

SUPPORTING DOCUMENTS ATTESTED BY ITI PRINCIPAL OR INDUSTRY AUTHORIZED REPRESENTATIVE

MSME REGN CERTIFICATE

OR FACTORY LICENCE CERTIFICATE

OR CIN CERTIFICATE

OR GST REGN CERTIFICATE

TURNOVER MENTIONED AT PROFIT LOSS ACCOUNT OF FY 18-19

TURNOVER MENTIONED AT PROFIT LOSS ACCOUNT OF FY 19-20

TURNOVER MENTIONED AT PROFIT LOSS ACCOUNT OF FY 20-21

TURNOVER MENTIONED AT PROFIT LOSS ACCOUNT OF FY 21-22

TURNOVER MENTIONED AT PROFIT LOSS ACCOUNT OF FY 22-23

TURNOVER MENTIONED AT PROFIT LOSS ACCOUNT OF FY 23-24

EPF CHALLAN WHERE EMPLOYEE NO. IS MENTIONED

OR COPY OF SALARY SLIPS/REGISTER WITH DULY SIGNED ON REVENUE STAMP WHERE NO. OF EMPLOYEE IS MENTIONED

ALL SUPPORTING DOCUMENTS SIGNED & SEAL STAMPED BY INDUSTRY AUTHORIZED REPRESENTATIVE / ITI PRINCIPAL

COPY OF DGT AFFILIATION ORDER

**** Tick the Check Box**