



**SPICES BOARD**  
**Ministry of Commerce & Industry**  
**Government of India**  
**Sugandha Bhavan**  
**COCHIN 682 025**  
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FORM NO.MKT-SB/ID-RFTDK  
Export Development & Promotion of Spices  
“ Assistance to exporters for Rapid Food Testing Devices and Kits”  
Application For Availing Financial Assistance

**Part I-General Information**

1.	Spices Board Registration No:	
2.	Import Export Code	
3.	Name of the Organization/Company (As per CRES)	
4.	Ownership	Proprietorship / LLP/Partnership/Pvt Ltd/Public Ltd/Co-Op-Society/FPOs/HUF
5.	Status of exporter	MSME / Non MSME  Star Export House
6.	Ownership category	SC/ST/General  Woman enterprises
7.	Full address with contact details of the Name & designation of official concerned	Name: Designation: Address: PIN: Tel (with STD Code) : Email ID : Mobile Number: Website:
8.	Category of exporter	Merchant/Manufacturer

9.	Bank Account Details:	
	1) Name of the Bank	
	2) Account holders' name	
	3) Current Account No.	
	4) IFSC No.	
	5) Place of Branch	
10	Major spices items of exports	
11	Whether the firm is submitting the Quarterly export returns regularly	Yes / No  (Pending returns, if any shall be submitted online, prior to submission of scheme application)

### Part II- Rapid Food Testing Devices and Kits

1	Category of exporter (please tick)	FPO NE region (including Sikkim & Darjeeling region) Himalayan States State Notified ITDP areas and Islands (Union Territories of Andaman & Nicobar and Lakshadweep) Other
2	Application for	a)Rapid food testing kit/media b)Rapid equipments c)other (please specify)
3	Product name & product code	Product name:  Cost :  Product code:
4	No. of units proposed to purchase	
5	Whether validated by national/ international bodies (eg. ISO/AOAC/FSSAI etc)	Yes / No  If yes attach relevant documents
6	Evidence that the exporter have a certified	

	quality management system	
7	Technical specifications on rapid testing kit/device	a) The principle and detailed methodology b)Parameters tested c)Test procedures d)Sensitivity e)Qualitative/Semi qualitative/Quantitative f)Total run time g)Shelf life of kit h)Kit size (hand held/tabletop/portable/non-portable) i) Image j) Minimum quantity of sample required for one analysis k) Cost  (Attach separate sheets , wherever applicable)
8	Proposed date of completion of the activity	
9	Details of enclosures	1) Quotation 2) Detailed specification of kit 3) A brief write up about the device. 4) Others

**DECLARATION**

I/We hereby declare that the above details are true and correct to the best of my/our knowledge and belief.

I/We hereby declare that I/We have carefully gone through the scheme for Rapid Food Testing Devices and Kits and agree to abide by, all the terms and conditions contained therein and, subsequent requirements that might be stipulated by the Board, if any.

I/We hereby agree to complete the project work within the stipulated time after getting the approval from the Board.

I/We fully understand that if the information furnished above is found to be false, at any time, the Board reserves the right to take appropriate legal action against us and also debar us from availing any assistance from the Board in future.

If found guilty, I/We undertake to repay to the Spices Board the entire amount of assistance received in pursuance of this application, with interest at such rate as fixed by the Board, upon demand.

I/We understand that, the assistance under the scheme shall not be applicable, if assistance from any person / organization / institution of foreign origin other than Spices Board is sought for undertaking the activity.

Place:

Signature :

Date:

Name & Designation of the authorized signature: