17.	Name & Address (with pin code) of the					
	Bank, Branch, Phone No.					
	Account No.					
	IFSC No.					
18.	Name of the manufacturer of	nts/kits (Ite	m-wise)			
	Item Manu		facturer	Invoice No. & date	Qty.	9-digit code no.

19.	Attachments/Kits applied for with details
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S.N.	Attachments	Quantity	Rate	Total	Eligible
				Amount	Amount
i)	Weft stop motion				
ii)	Warp stop motion				
iii)	Semi-positive let off motion				
iv)	Efficient braking device				
v)	Anti Crack device				
vi)	Self-lubricating nylon parts				
vii)	Dobby				
viii)	Jacquard				
	TOTAL				

(Please attach copy of Final Invoice /Bill, stamped & signed by the unit & signed by all JIT members)

## 20. Payment Details:

(Please attach payment receipts acknowledged by the attachments/kits supplier duly stamped and signed by unit & countersigned by JIT members)

S.N.	Manufacturer	Invoice Value	Payment receipts No. & date	Amount on receipts
i)				
ii)				
iii)				
iv)				
v)				
vi)				
vii)				
viii)				
	TOTAL			

21.	Recommendation/Remark	ks of Joint Inspection Te	eam on eligibility of the clai	m:		
	unit have/has not availed a	any benefit on the above	e attachments / kits earlier	under any scheme of		
			Signatur	e of applicant & Seal of the uni		
	Certified by: JIT members	(1)	(2)	(3)		
	Date: Place:					
	(Each page of JIT report should be signed and stamped by unit as well by JIT members).					
			(Certificatio	on by OIC of RO)		