

**¹[FORM SBY-01
Application for SBY-UIN**

1.	Name of the charitable/religious institution	
2.	Type of entity (as per para 6 (i) of the Guidelines on the Scheme for Financial Assistance under 'Seva Bhoj Yojna' issued by the Ministry of Culture, vide F.No. 13-1/2018-US (S&F) dated 01.08.2018)	
3.	Permanent Account Number (PAN)	
4.	GSTIN (if applicable)	
5.	Address	
6.	Details of locations within a State/Union territory where activity of distribution of free food to public is undertaken	
7.	Unique Enrollment Number allotted by the Ministry of Culture	
8.	Date of issue of unique enrollment number by the Ministry of Culture	
9.	Name of the authorized person	
10.	Email Address of the authorized person	
11.	Mobile Number of the authorized person	
12.	Bank Account Details (add more if required)	

Verification:

I hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

Signature of the authorized person

Place:

Date:

Name of authorized person:
Designation/Status]

¹ Inserted vide Circular No. 75/49/2018-GST dated 27-12-2018.