

Provisional

**AMENDED FORMAT FOR THE ENTREPRENEURS' MEMORANDUM UNDER THE MSMED ACT 2006 AFTER INCLUSION OF THE AMENDMENTS VIDE NOTIFICATION NO. S.O.941(E) DATED 07.6.2007 AND NOTIFICATION NO. S.O.200(E) DATED 16.1.2009.**

**Schedule I**

Form No. -----

**Entrepreneurs Memorandum  
For  
Setting Up Micro, Small or Medium Enterprise**

**GENERAL INSTRUCTIONS**

1. MEMORANDUM IS TO BE FILED WITH THE DISTRICT INDUSTRIES CENTRE\*, BY A MICRO, SMALL OR MEDIUM ENTERPRISE, AS THE CASE MAY BE, UNDER SUBSECTION (1) OF SECTION 8 OF THE MICRO, SMALL & MEDIUM ENTERPRISES DEVELOPMENT (MSMED) ACT, 2006.
2. THREE COPIES OF MEMORANDUM FOR MICRO AND SMALL ENTERPRISES AND FOUR COPIES FOR MEDIUM ENTERPRISES SHOULD BE FILED.
3. THERE IS NO FEE FOR PROCESSING THE MEMORANDUM.
4. EXISTING UNITS SHOULD FILL UP ONLY PART II OF THE MEMORANDUM.
5. IN CASE OF ANY CHANGE IN THE INFORMATION, AT ANY POINT OF TIME, PLEASE INFORM THE DETAILS WITHIN THREE MONTH TO DIC.
6. WRITE / TYPE IN BLOCK (CAPITAL) LETTERS
7. LEAVE ONE BLANK BOX AFTER EACH WORD.
8. FILL UP WHICHEVER IS APPLICABLE.
9. ALL CODES OTHER THAN PIN CODE SHALL BE FILLED BY THE OFFICE.
10. FORM WILL BE MACHINE NUMBERED BY THE DISTRICT INDUSTRIES CENTRE.

\* To be filed at the DIC under whose jurisdiction the enterprise is proposed to be located.

Form No. -----

**FOR OFFICE USE ONLY**

DATE OF ISSUE

D	D	M	M	Y	Y	Y	Y

NATURE OF ACTIVITY  
(MANUFACTURING-1, SERVICE-2)

CATEGORY OF ENTERPRISE  
(MICRO-1, SMALL -2, MEDIUM - 3)

ENTREPRENEURS MEMORANDUM NUMBER

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(First two boxes are for State/UT code, next three boxes are for District code, sixth and seventh boxes are for category of enterprise (sixth box for indicating manufacturing or service and seventh box for indicating micro or small or medium) and last five boxes are for EM number)

Form No. -----

**PART I**

(To be filled in as expression of intent)

**1. NAME OF APPLICANT**


**2.**

**(a) ADDRESS OF COMMUNICATION**


PIN

(i) TELEPHONE NUMBER

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(ii) FAX NUMBER

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(iii) CELL PHONE NUMBER

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(iv) E-MAIL


(v) WEB-SITE


**(b) PERMANENT RESIDENTIAL ADDRESS (MAIN APPLICANT)**


PIN

(i) TELEPHONE NUMBER

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(ii) FAX NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(iii) CELL PHONE NUMBER

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(iv) E-MAIL


(v) WEB-SITE




3. NAME OF PROPOSED ENTERPRISE (if decided)


4. PROPOSED LOCATION OF ENTERPRISE

(i) VILLAGE / TOWN


CODE

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(ii) TEHSIL / TALUK / MANDAL


CODE

--	--	--	--

(iii) DISTRICT


CODE

--	--	--	--

(iv) STATE


CODE

--	--

(v) PIN CODE

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(vi) AREA ; ( RURAL -1 , URBAN -2)

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5. CATEGORY OF ENTERPRISE (MICRO-1, SMALL -2, MEDIUM -3)

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6. NATURE OF ACTIVITY [Tick Appropriate Box(es)]

(i) MANUFACTURE

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(ii) SERVICE

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7. NATURE OF OPERATION (Perennial-1, Seasonal-2, Casual-3)

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8. WHETHER THE UNIT WILL BE AN ANCILLARY ( Yes-1, No-2)

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9. PROPOSED SCHEDULE OF INSTALLATION OF PLANT & MACHINERY

M M Y Y Y Y

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10. TYPE OF ORGANIZATION

(PROPRIETARY-1, HUF -2, PARTNERSHIP-3, CO-OPERATIVE -4, PVT. LTD. COMPANY -5, PUBLIC LIMITED COMPANY-6, SELF-HELPER GROUP-7, OTHERS-8)

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11. (a) MAIN MANUFACTURING/SERVICE ACTIVITY.

NAME

CODE (NIC 98\*)

(b) PRODUCTS TO BE MANUFACTURED/SERVICE TO BE PROVIDED.

(i) NAME

CODE (ASICCC2000\*)

(ii) NAME

CODE (ASICCC2000\*)

(iii) NAME

CODE (ASICCC2000\*)

(iv) NAME

CODE (ASICCC2000\*)

(v) NAME

CODE (ASICCC2000\*)

(\* ) Codes for activities and products/services as per classification specified from time to time by the office of the Development Commissioner (Small Scale Industries), to be filled in by District Industries Centre or the office where the Entrepreneurs' Memorandum is to be submitted.

(ADD ADDITIONAL SHEET FOR MORE PRODUCTS)

12. (a) PROPOSED INVESTMENT IN FIXED ASSETS, [Rupees lakh]

(i) LAND (OWNED-01/RENTED-02/ LEASED-03)

APPROXIMATE VALUE\*

(ii) BUILDING (OWNED-01/RENTED-02/  
LEASED-03)

APPROXIMATE VALUE\*

(iii) PLANT & MACHINERY VALUE\*   
(In case of manufacturing enterprise)

(iv) EQUIPMENT VALUE\*   
(In case of service enterprise)

(v) FOREIGN EQUITY, IF ANY VALUE\*

[ \* The value in the boxes should be filled from right side e.g. if the value is Rs.10 lakh it should be

1 0



written as. This will also apply to all other items (rows) where quantity, number, etc., to be given ]

13. **INSTALLED CAPACITY (proposed) PER ANNUM**

(i) **PLANT A**

	QTY	UNIT
PRODUCT.....	<input type="text"/>	<input type="text"/>
PRODUCT.....	<input type="text"/>	<input type="text"/>
PRODUCT.....	<input type="text"/>	<input type="text"/>
PRODUCT.....	<input type="text"/>	<input type="text"/>

(ii) **PLANT B**

	QTY	UNIT
PRODUCT.....	<input type="text"/>	<input type="text"/>
PRODUCT.....	<input type="text"/>	<input type="text"/>
PRODUCT.....	<input type="text"/>	<input type="text"/>
PRODUCT.....	<input type="text"/>	<input type="text"/>

14. **POWER LOAD (ANTICIPATED) H.P / K.W.**

15. (a) (i) **OTHER SOURCE OF ENERGY/POWER [IF REQUIRED]**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(NO POWER NEEDED -1, COAL-2, OIL-3, LPG-4, ELECTRICITY FROM GRID-5, ELECTRICITY FROM GENERATOR- 6, NON-CONVENTIONAL ENERGY -7, TRADITIONAL ENERGY / FIREWOOD-8)

(ii) If no power required, specify reasons;

(b) **INDICATE ANNUAL REQUIREMENT SOURCE OF ENERGY**

SOURCE OF ENERGY	QTY	UNIT
.....	<input type="text"/>	<input type="text"/>
.....	<input type="text"/>	<input type="text"/>
.....	<input type="text"/>	<input type="text"/>

16. **EXPECTED EMPLOYMENT**

(Nos.)

(i) **MANAGEMENT & OFFICE STAFF**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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(ii) **SUPERVISORY**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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(iii) **WORKERS**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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17. **ENTREPRENEURS' PROFILE (OF ALL PARTNERS/DIRECTORS OF THE ORGANISATION-USE SEPARATE SHEETS, IF NEEDED)**

(a) **NAME**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



(i) MALE (M) / FEMALE (F)

(ii) SC (1) / ST (2) / OBC (3) / OTHERS (4)  
PHYSICALLY CHALLENGED (5)

(iii) KNOWLEDGE LEVEL   
[TECHNICAL GRADUATE- 1, MANAGEMENT GRADUATE-2,  
POST GRADUATE-3, OTHER GRADUATE-4, UNDERGRADUATE-5,  
ANY OTHER LOWER-6]

(iv) EQUITY PARTICIPATION (in Rupee.)

(Percentage of total equity )

(v) STAKE IN OTHER MANUFACTURING ENTERPRISES   
(Yes-1, No-2)  
[ADD ADDITIONAL SHEET, IF NEEDED]

18. EXPECTED SCHEDULE OF COMMENCEMENT OF PRODUCTION / ACTIVITY

M M Y Y Y Y

DATE:

PLACE:

[SIGNATURE OF THE APPLICANT /AUTHORISED PERSON]

NAME OF THE PROPRIETOR/PARTNER/ MANAGING DIRECTOR

- (a) Enclose a self-certified copy of Power of Attorney/Board Resolution/Society Resolution, wherever applicable, while signing as Partner/Managing Director or Authorised Person.  
(b) Enclose a certified/notarized copy of the Partnership Deed/Memorandum of Association/Articles of Association in case of Medium Enterprises.

Undertaking

This is to certify that the information furnished in the memorandum in FORM NO. .... is true and correct to the best of my knowledge and belief.

DATE:

PLACE:

[SIGNATURE OF THE APPLICANT /AUTHORISED PERSON]