

PART-II

Form No.

(To be filled up and submitted to the District Industries Centre after commencement of production/activity)
[THE ROWS WHICH HAVE BEEN REPEATED NEED TO BE FILLED ONLY TO THE EXTENT THAT THE ACTUAL DETAILS ON COMMENCEMENT VARY FROM THOSE IN PART-I]

I EM NUMBER (Part-I) [Grid for EM Number]

II DATE OF ISSUE [Grid for Date of Issue with labels D, D, M, M, Y, Y, Y, Y]

III MONTH OF COMMENCEMENT OF PRODUCTION/ACTIVITY [Grid for Month of Commencement with labels M, M, Y, Y, Y, Y]

1. NAME OF APPLICANT [Grid for Name of Applicant]

2. (a) ADDRESS OF COMMUNICATION [Grid for Address of Communication with PIN label]

(i) TELEPHONE NUMBER [Grid for Telephone Number]

(ii) FAX NUMBER [Grid for Fax Number]

(iii) CELL PHONE NUMBER [Grid for Cell Phone Number]

(iv) E-MAIL [Grid for E-mail]

(v) WEB-SITE [Grid for Web-site]

b) PERMANENT RESIDENTIAL ADDRESS (MAIN APPLICANT) [Grid for Permanent Residential Address with PIN label]

(i) TELEPHONE NUMBER [Grid for Telephone Number]

(ii) FAX NUMBER [Grid for Fax Number]

(iii) CELL PHONE NUMBER [Grid for Cell Phone Number]

(iv) E-MAIL [Grid for E-mail]

(v) WEB-SITE

3. NAME OF ENTERPRISE

4. LOCATION OF ENTERPRISE

(i) VILLAGE / TOWN

CODE

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(ii) TEHSHIL / TALUK/
MANDAL

CODE

(iii) DISTRICT

CODE

(iv) STATE

CODE

(v) PIN CODE

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

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

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

(i) MANUFACTURE

(ii) SERVICE

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

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

9. MONTH THE INSTALLATION OF PLANT AND MACHINERY

M	M	Y	Y	Y	Y

10. WHETHER THE UNIT IS REGISTERED UNDER FACTORY ACT
(Under Section 2m(i)/2m(ii)-1, 85(i)/85(ii)-2, not registered-3)

[* The value in the boxes should be filled in from the right side, e.g., If the value is Rupees 10 lakhs it should be written as'

		1	0
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 This will also apply to all other items (rows) where quantity, number, etc

To be given.]

14. INSTALLED CAPACITY PER ANNUM

(iii) PLANT A

PRODUCT.....

PRODUCT.....

PRODUCT.....

PRODUCT.....

	QTY	UNIT								
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(iv) PLANT B

PRODUCT.....

PRODUCT.....

PRODUCT.....

PRODUCT.....

	QTY	UNIT								
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15. POWER LOAD (ANTICIPATED)

H.P. / K.W.

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

(NO POWER NEEDED-1, COAL-2, OIL-3, LIQUID PETROLEUM GAS-4, ELECTRICITY FROM GRID-5, ELECTRICITY FROM GENERATOR-6, NON-CONVENTIONAL ENERGY-7, TRADITIONAL ENERGY/ FIRE WOOD-8)

(ii) If no power required, specify reasons;

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(b) INDICATE ANNUAL REQUIREMENT SOURCE OF ENERGY

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	QTY	UNIT								
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17. EMPLOYMENT

(a) MANAGEMENT AND OFFICE STAFF

(b) SUPERVISORY

(c) WORKERS

	MALE (Nos.)	FEMALE (Nos.)						
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18. TOTAL ANNUAL TURNOVER (in Rupees)
(If less than one year of operation, then expected turnover)

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19. EXPORT (if any) (in Rupees)

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20. ENTREPRENEURS' PROFILE (OF ALL PARTNERS/DIRECTORS OF THE ORGANIZATION-USE) SEPARATE SHEETS, IF NEEDED

(a) NAME

(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, UNDER GRADUATE-5
ANY OTHER LOWER-6]

(iv) EQUITY PARTICIPATION (in Rupees)

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(In %of total equity)

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

21. DATE OF COMMENCEMENT OF PRODUCTION / ACTIVITY

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DATE : _____ [SIGNATURE OF THE APPLICANT / AUTHORISED PERSON]
PLACE : _____ 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. I/we have obtained approval/consent/
license/permit from the concerned Ministry/Department of Central Government/State Government /
UT Administration as per statutory requirements.

Date :

Place :

[SIGNATURE OF THE APPLICANT / AUTHORISED PERSON]