

[illegible]

(i) VILLAGE / TOWN

CODE

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(ii) TEHSIL / TALUK / MANDAL	
CODE	

(iii) DISTRICT CODE

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(iv) STATE

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CODE

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(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(es)]

(i) MANUFACTURE

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

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

9. PROPOSED SCHEDULE OF INSTALLATION OF PLANT & MACHINERY

10. TYPE OF ORGANIZATION ☐
(PROPRIETARY-1, HUF -2, PARTNERSHIP-3, CO-OPERATIVE -4,
PVT. LTD. COMPANY -5, PUBLIC LIMITED COMPANY-6, SELF-HELP GROUP-7,
OTHERS-8)

11. (a) MAIN MANUFACTURING/SERVICE ACTIVITY.

NAME
 CODE (NIC 98*)

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

(i) NAME
 CODE (ASIC2000*)
 (ii) NAME
 CODE (ASIC2000*)
 (iii) NAME
 CODE (ASIC2000*)
 (iv) NAME
 CODE (ASIC2000*)
 (v) NAME
 CODE (ASIC2000*)

(*) Codes for activities and products/services as per classification specified from time to time by the office of the Development Commissioner (Micro, Small and Medium Enterprises), 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 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

PRODUCT.....

QTY

UNIT

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PRODUCT.....

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PRODUCT.....

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PRODUCT.....

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(ii) PLANT B

QTY

UNIT

PRODUCT.....

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PRODUCT.....

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PRODUCT.....

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PRODUCT.....

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

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

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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

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QTY

UNIT

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16. EXPECTED EMPLOYMENT

(Nos.)

(i) MANAGEMENT & OFFICE STAFF

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(ii) SUPERVISORY

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(iii) WORKERS

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

(a) NAME

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

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(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.)

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(Percentage of total equity)

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(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

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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]

ACKNOWLEDGEMENT**“ PART-I ”**

M/S. HAS FILED MEMORANDUM EXPRESSING ITS INTENT TO SET UP A (MANUFACTURING/SERVICE) ENTERPRISE AT THE ADDRESS PIN FOR THE ITEM/ITEMS INDICATED BELOW AND THE ACTIVITY IS PROPOSED TO COMMENCE FROM THE (DATE) AS STATED IN FORM NO.....AND ALLOCATED ENTREPRENEURS' MEMORANDUM NO. AS BELOW:

DETAILS OF ITEM/ITMES TO BE MANUFACTURED/SERVICE TO BE PROVIDED.

Sl. No.	Items of Manufacture/type of service to be rendered	Capacity in case of manufacture
1.....
2.....
3.....
4.....
5.....
6.....

(ADD ADDITIONAL SHEET IF REQUIRED)

NOTE: THE ISSUE OF THIS ACKNOWLEDGEMENT DOES NOT BESTOW ANY LEGAL RIGHT. THE ENTERPRISE IS REQUIRED TO SEEK REQUISITE CLEARANCE/LICENCE/PERMIT REQUIRED UNDER STATUTORY OBLIGATION STIPULATED UNDER THE LAWS OF CENTRAL GOVERNMENT/STATE GOVERNMENT/UT ADMINISTRATIONS/ COURT ORDERS'.

DATE OF ISSUE

D	D	M	M	Y	Y	Y	Y

NATURE OF ACTIVITY

(MANUFACTURING-1, SERVICES-2)

☐

CATEGORY OF ENTERPRISE

(MICRO-1, SMALL -2, MEDIUM - 3)

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ENTREPRENEURS MEMORANDUM NUMBER

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PART-I

[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]

This acknowledgement is valid for a period of two years from the date of issue.

DATE:

PLACE:

SIGNATURE
WITH OFFICE SEAL