

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

6. NATURE OF ACTIVITY [Tick Appropriate Box(es)]
(i) MANUFACTURE
(ii) SERVICE

In case of others, please specify

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 AND MACHINERY

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10. TYPE OF ORGANIZATION

(PROPRIETARY-1, HINDU UNDIVIDED FAMILY -2, PARTNERSHIP-3, CO-OPERATIVE -4, PRIVATE LIMITED COMPANY -5, PUBLIC LIMITED COMPANY-6, SELF-HELP GROUP-7, OTHERS-8)

11. (a) MAIN MANUFACTURING/SERVICE ACTIVITY

NAME

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CODE (NIC 98*)

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

(i) NAME

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CODE (ASICC2000*)

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[* 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.]

13. INSTALLED CAPACITY (proposed) PER ANNUM

QTY	UNIT							
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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, LIQUID PETROLIUM GAS-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 QTY UNIT

	QTY	UNIT							
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16. EXPECTED EMPLOYMENT (Nos.)

1	(i) MANAGEMENT AND OFFICE STAFF	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
2					
3	(ii) SUPERVISORY	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
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5	(iii) WORKERS	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
6					

17. ENTREPRENEURS' PROFILE (OF ALL PARTNERS/DIRECTORS OF THE ORGANISATION-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)

(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

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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]

