

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 (ASICC 2000 *)

(ii) NAME

CODE (ASICC 2000 *)

(iii) NAME

CODE (ASICC 2000 *)

(iv) NAME

CODE (ASICC 2000 *)

(v) NAME

CODE (ASICC 2000 *)

(*) 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 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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
PRODUCT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
PRODUCT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
PRODUCT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
- (ii) PLANT B

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

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

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

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

(b) INDICATE ANNUAL REQUIREMENT
SOURCE OF ENERGY

	QTY	UNIT
.....	<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"/>

16. EXPECTED EMPLOYMENT

(Nos.)

(i) MANAGEMENT & OFFICE STAFF

(ii) SUPERVISORY

(iii) WORKERS

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"/>	<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, UNDER GRADUATE – 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 :

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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 certificate / 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]

PRODUCT.....

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PRODUCT.....

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PRODUCT.....

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(iv) PLANT B

	QTY	UNIT							
PRODUCT.....	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			

PRODUCT.....

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PRODUCT.....

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PRODUCT.....

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15. POWER LOAD 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, 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;

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(b) INDICATE ANNUAL REQUIREMENT SOURCE OF ENERGY

	QTY	UNITS
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17. EMPLOYMENT

	MALE (Nos.)	FEMALE (Nos.)
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(i) MANAGEMENT & OFFICE STAFF

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(ii) SUPERVISORY

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(iii) WORKERS

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18. TOTAL ANNUAL TURNOVER (in Rupee.)
(If less than one year of operation, then
expected turnover)

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19. EXPORT (if any) (in Rupee)

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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 Rs.)

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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

D D M M Y Y Y Y

DATE :

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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. 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]