

ANNEXURE: V

(G.O.MS.No. INDUSTRIES & COMMERCE (IP) DEPARTMENT, DATED 05.05.2011)

**NORMS AS PER TECHNOLOGY MISSION ON COTTON FOR MODERN
GINNING ENTERPRISES/INDUSTRIES**

I. ELIGIBILITY CRITERIA:

- a) This subsidy scheme is available for setting up of new Ginning & Processing factories as well expansion of existing enterprises/industries.
- b) A Composite Enterprise/Industry intending establishes Enterprise/Industry with machinery and civil infrastructure:
- c) A ginning Enterprise/Industry desirous of installing a bale press to make it a composite Enterprise/Industry or a pressing Enterprise/Industry interested in setting up ginning facility;
- d) A factory interested in capacity expansion by addition of more ginning machines.
- e) As per TMC factory should possess all Essential Machines and Essential Infrastructure listed below and must satisfy all Essential Conditions. An Enterprise/Industry proposing modernisation or being set up with TMC assistance should be willing to maintain all records and furnish all returns to the authorities concerned. It is also necessary that the Enterprise/Industry does not avail of assistance under TUF scheme or any other subsidy scheme of the Government of India.

**II. COMPONENTS OF A GINNING & PROCESSING
ENTERPRISE/INDUSTRY:**

1. Essential Machines:

- a) Saw gins or double roller gins with auto feeders (single roller gins not permitted)
- b) Precleaner
- c) Lint Cleaner
- d) Mechanical/Pneumatic Conveyor System for transfer of kapas from heaps to Precleaner(s) and from Precleaner(s) to individual gins. Central platform system not permitted unless it already exists.
- e) Mechanical / Pneumatic Conveyor System for carrying lint from Gin House to Lint Cleaner, from Lint Cleaner to Pala Halls and from Pala Halls to Press Hall. In case of a new Bale Press, direct feeding from Pala Halls to the Press box. In case a factory does not need Pala Halls, lint can be directly taken from Lint Cleaner to Bale Press.

- f) Bale Press with the following characteristics (in case of new installation)
 - (i) Single stage operation
 - (ii) Built-in Autotramper
 - (iii) Oil hydraulic system
 - (iv) Lint Slide and Pusher mechanism
 - (v) Press box dimensions meeting BIS requirements Existing presses without the first four features will, however, be permitted.
- g) Conveyor for carrying seed from Gins to seed platform outside
- h) Humidifiers/ Moisturizers to maintain standard moisture in kapas in the Gin Hall and in lint in the Pala Halls and Press Hall/ Lint Slide
- i) Fire fighting system comprising Overhead Tank/ Sump, Pump with stand-by Diesel pump and Hydrants with Hose pipe and Nozzles
- j) Underground wiring/cabling both inside and outside buildings
- k) Weigh bridge (need not be installed if the facility is available nearby)

2. Essential Infrastructure:

- a) Storage space for kapas
- b) Storage space for lint (Pala House)
- c) Storage space for seeds
- d) Storage space for bales
- e) C.C. Road
- f) Boundary wall/fence
- g) Any other item/ items approved by TMC

3. Essential Conditions:

- a) Quality awareness boards to educate workers
- b) Headgear/ cap for workers
- c) Periodic training for gin operators/ technicians on maintenance and repair of machines
- d) Arrangements for regular disposal of rubbish as soon as it accumulates
- e) Gummed boards to stick human hair picked up from floor, cotton heaps etc.
- f) Variety-wise and grade-wise heaping and ginning of cotton
- g) Insistence on covering of cotton brought in carts, tractors and lorries
- h) Bale packaging as per BIS specification
- i) Gin/ Press fitters in each shift

4. Desirable Machines:

- a) HVI for cotton testing
- b) Generator(s)
- c) Laboratory model gin
- d) Ginning Percentage Balance
- e) Moisture Meter
- f) Workshop machines and tools
- g) Roller grooving machine
- h) Pod opener / Kala machine
- i) Any other machine subject to TMC approval

5. Desirable Conditions:

- a) Bales to be covered with cotton cloth
- b) Press house to be close to gin house
- c) G&P Enterprises/industries to be in co-operative sector

III. FACILITIES EXPECTED TO BE ALREADY AVAILABLE:

- a) Adequate land
- b) Adequate supply of electricity
- c) Telephone facility

IV. MINIMUM STANDARDS TO BE MAINTAINED IN RESPECT OF MACHINERY AND CIVIL STRUCTURES IN G & P PROJECTS

SNo	Item	Minimum Requirements	
		Large Industry	Small Industry
1	Ginning Machines	24 DRs of normal size / 22 extra-long DRs/ 18 Jumbo DRs with Auto feeder/ 3 saw gins (90 saws) or equivalent, with a processing capacity of 6-8 bales per hour.	12 DRs of normal size / 11 extra-long DRs/ 9 Jumbo DRs with Auto feeder/ 1 or 2 saw gins with equivalent processing capacity of 3-4 bales per hour.
2	Precleaner	Cleaner with 4 or more beater cylinders / rolls with capacity to suit the processing speed of the ginning machines.	Cleaner with 4 or more beater cylinders / rolls with capacity to suit the processing speed of the ginning

			machines.
3	Lint Cleaner	Cleaner with 3 or more beater cylinders / rolls with capacity to suit the processing speed of ginning machines.	Cleaner with 3 or more beater cylinders / rolls with capacity to suit the processing speed of ginning machines.
4	Kapas Conveyor System	(i) Pneumatic conveyor with Stone Catcher for the first stage from heaps to Precleaner; (ii) Mechanical/Pneumatic conveyor from Precleaner to individual gins. Central Platform system not permitted unless it exists already.	(i) Pneumatic conveyor with Stone Catcher for the first stage from heaps to Precleaner; (ii) Mechanical/Pneumatic conveyor from Precleaner to individual gins. Central Platform system not permitted unless it exists already.
5	Lint Conveyor System	Mechanical/ Pneumatic Conveyor (i) from Gins to Lint Cleaner; (ii) from Lint Cleaner to each Pala Hall and (iii) from each Pala Hall to a. Bale Press Hall in case of existing Conventional Bale Press b. Bale Press box through Lint slide & Pusher Mechanisms in case of modern Bale Press (direct feeding of cotton from Lint Cleaner to Press box permitted)	Mechanical / Pneumatic Conveyor (i) from Gins to Lint Cleaner; (ii) from Lint Cleaner to each Pala Hall and (iii) from each Pala Hall to a. Bale Press Hall in case of existing Conventional Bale Press b. Bale Press box through Lint slide & Pusher Mechanisms in case of modern Bale Press (direct feeding of cotton from Lint Cleaner to Press box permitted)
6	Bale Press	Single stage oil hydraulic, auto tramping Bale Press with Lint Slide and Pusher mechanism for direct feeding of lint into the press box. Conventional water hydraulic, two-stage presses without auto tramping facility will, however, are permitted if they already exist.	Single stage oil hydraulic, auto tramping Bale Press with Lint Slide and Pusher mechanism for direct feeding of lint into the press box. Conventional water hydraulic, two-stage presses without auto tramping facility will, however, are permitted if they already

			exist.
7	Conveyor for Seed	Automatic Conveyor from gins to Seed Platform	Automatic Conveyor from gins to Seed Platform
8	Humidifier/ Moisturizer	In Gin Hall In case of Central Platform, 2 Benson fans or adequate number of nozzles. In Pala Halls 2 Benson fans in each Hall or adequate number of nozzles.	In Gin Hall In case of Central Platform, 2 Benson fans or adequate number of nozzles. In Pala Halls 2 Benson fans in each Hall or adequate number of nozzles.
9	Fire Fighting System	Overhead tank/ sump (capacity 1.25 lakh litres) with a minimum of 10 hydrants strategically located, hose pipes with nozzles and a stand-by diesel pump besides an electric pump.	Overhead tank/ sump (capacity 65,000 litres), with a minimum of 6 hydrants strategically located, hose pipes with nozzles and a stand-by diesel pump besides an electric pump.
10	Underground Wiring	All high tension and low tension wires/cables to be under-ground	All high tension and low tension wires/cables to be under-ground
11	Weigh Bridge	Capacity: 20 tons/ 5 tons depending on local need (Not required if the facility is available nearby)	Capacity: 20 tons/ 5 tons depending on local needs (Not required if the facility is available nearby)
12	Pucca Platform for Kapas	Raised platform (3" CC cover) with a minimum of 10,000 sq. ft. area preferably with 10 ft. wide cemented pavement all around/1 ft. wall around.	Raised platform (3" CC cover) with a minimum of 5,000 sq. ft. area preferably with 10 ft. wide cemented pavement around/1 ft. wall around.

13	Covered Storage Space for Lint (Pala Halls)	Hall(s) with a minimum area of 4000 sq. ft., pucca floor and preferably plastered walls.	Hall(s) with a minimum area of 2000 sq. ft., pucca floor and preferably plastered walls.
14	Seed Platform	Raised, cemented (3" CC cover) platform of minimum 2000 sq. ft. area, with 2 ft. high outer wall	Raised, cemented (3" CC cover) platform of minimum 1000 sq. ft. area, with 2 ft. high outer wall
15	Bale Storage Space	Platform with cemented floor adjoining Press Hall and admeasuring a minimum area of 600 sq. ft., preferably with roof	Platform with cemented floor adjoining Press Hall and admeasuring a minimum area of 600 sq. ft., preferably with roof
16	Road	CC Road (4.5" CC cover) with at least 10 ft. width preferably elevated	CC Road (4.5" CC cover) with at least 10 ft. width preferably elevated
17	Boundary Wall/ Fence	Wire mesh fence or barbed wire fence with less than 1 ft. gap between wires, or masonry wall, all of a minimum height of 6 ft.	Wire mesh fence or barbed wire fence with less than 1 ft. gap between wires, or masonry wall, all of a minimum height of 6 ft.

Micro Enterprise ☐ Small Enterprise ☐ Medium Enterprise ☐ Large Industry ☐ Mega Project ☐

3.2. Constitution of the Organisation (Pl. ✓ mark)

Proprietary ☐ Partnership ☐ Pvt. Ltd. ☐ Limited ☐ Coop. ☐

3.3 Date of Commencement of Production:

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(Date of Commencement of Production is the date of First Sale Bill/Invoice)

3.4 EM Part - II/IEM/IL No:

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Date:

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4. Status of the Industry: (Pl. ✓ mark)

New ☐ Expansion ☐ Diversification ☐

5. Fixed Capital Investment(in Rs.)

Nature of Assets	New /Existing Enterprise	Expansion/ Diversification Project	% of increase under Expansion/ Diversification Project
(1)	(2)	(3)	(4)
Land			
Building			
Plant & Machinery			
Total			

(If it is a new enterprise/industry, then column (3) and (4) need not be filled and it may be strike off)

6. Line of Activity.

	Line of activity	Units i.e. Nos. / Tons/ Ltrs.	Capacity	Values in Rs.
New /Existing Enterprise				
Expansion/ Diversification Project				
% of increase under Expansion/ Diversification Project				

Note: Enterprise/Industry involving at least 25% enhancement on fixed capital investment as well as Capacity are eligible for claiming incentives under Expansion/Diversification projects:

Note: Sale deed/Lease deed should be registered in the name of Enterprise/Industry or Proprietor of the Industry/Enterprise.

(in Sq. Mtrs.) .

7.0 Land purchased

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Plinth area of the Building

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(as per the registered sale deed)

(as per the approved building plan

by the

HUDA/DT&CP/IALA

7.1. 5 times of the plinth area of factory buildings:

Sq.Mtrs.

7.2. Area required for the factory as per the appraisal:

Sq.Mtrs.

7.3. Area required for the factory as per the norms of APPCB or any other State Government Department:

Sq.Mtrs.

8.0. Nature of transaction/deed registered for Indl. use (sale / lease or lease-cum-sale Transfer deed/financial deeds and mortgages etc.).

[illegible]

9.0. Date of registration:

[illegible]

10.0. Name of Sub-Registrar Office, where registered:

[illegible]

11.0	<u>Stamp Duty/Transfer duty / Mortgage and Hypothecations Duty / Land Conversion Charges & Land cost in IE/IDA/IP's Paid:</u>
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11.1 In case of Stamp Duty/Transfer Duty paid:

Rs.

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11.2 In case of Mortgage and Hypothecations Duty:

Rs.

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11.3 In case of Land Conversion Charges:

Rs.

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11.4 In case of lands purchased in IE/IDA/IP's cost of land:

Rs.

[illegible]**Total**

Rs.

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12.0 Amount Claimed for Stamp Duty/Transfer Duty / Mortgage Duty / Land Conversion Charges/ Land Cost purchased in IE/IDA/IP's :

12.1	Stamp Duty/Transfer Duty:	Rs.	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
12.2	Mortgage and Hypothecations Duty:	Rs.	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
12.3	25% Land Conversion Charges:	Rs.	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
12.4	25% Land Cost purchased in IE/IDA/IP's:	Rs.	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
Total:		Rs.	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							

DECLARATION

I am authorized to file this application and I will take full responsibility of the information mentioned. I / We hereby confirm that to the best of our knowledge and belief, information given herein before and other papers enclosed are true and correct in all respects. We further undertake to substantiate the particulars about promoter(s) and other details with documentary evidence as and when called for. I/We hereby agree that I/We shall forthwith repay the amount to me/us under scheme, if the amount of Stamp Duty/Transfer Duty / Mortgage Duty / Land Conversion Charges/ Land Cost are found to be disbursed in excess of the amount actually admissible whatsoever the reason.

Authorisation by the other Partners/Board of Directors Resolution wherein the Name, Designation and signature are attested.

Place :
Date :
Seal.

Signature of Authorised Person
with Name, Designation & Firm /Office

- The following documents are to be furnished:
 - i. Registered Land Sale Deed/Lease Deed/Transfer Deed/Land conversion documents.
 - ii. Payment proof.
 - iii. All the required documents as per Check-Slip at PART – C, for the first time of the claim.

13.0 **RECOMMENDATION OF THE INSPECTING OFFICER:**

(not to be filled by the Enterprise/Industry, to be filled by inspecting Officer)

13.1 Whether the Enterprise has already availed any exemption on purchase of land, if so amount in Rs.

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13.2 Stamp Duty/Transfer Duty:

Rs.

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13.3 Mortgage and Hypothecations Duty:

Rs.

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13.4 25% Land Conversion Charges:

Rs.

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13.5 25% Land Cost purchase in IE/IDA/IP's:

Rs.

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The claim application of the captioned Enterprise/Industry is verified as per the operational guidelines. The Enterprise/Industry is eligible for availing incentives under IIPP 2010-15. The Enterprise/Industry did not add or removed any Plant & Machinery and there is no change of line of activity and capacity. Further, the Enterprise/Industry is in continuous operation, there is no break-in-production (if not the details of the break-in-production) and I recommend the above incentives to the captioned Enterprise/Industry.

Signature of Inspecting Officer with Name & Designation.

Remarks of the General Manager:

The applicant Enterprise/Industry is eligible for above incentives and the claim is in order. The computation of capital cost has been done as per the provisions under the scheme. I recommend for sanction of above incentives.

Signature of General Manager with Office Seal.

Note: This application form, if photo copied must be exactly as per original & it must be both sides of the page.

ANNEXURE: VII

(G.O.MS.No. INDUSTRIES & COMMERCE (IP) DEPARTMENT, DATED 05.05.2011)

**APPLICATION CUM VERIFICATION FOR REIMBURSEMENT OF POWER TARIFF
UNDER INDUSTRIAL INVESTMENT PROMOTION POLICY
(IIPP) – 2010-2015 OF ANDHRA PRADESH**

(G.O.Ms.No.61 Industries and Commerce (IP) Department., dated.29/06/2010)

1.0. Details of Industry:

1.1. Name of the Enterprise:

1.2 Name of the Proprietor/Managing Partner / Managing Director:

1.3 TIN No. of the Enterprise/Industry/ Proprietor / Managing Partner / Managing Director:

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1.4 PAN No. of the Proprietor / Managing Partner / Managing Director:

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2.0.Address of the Enterprise:

2.1 Office:

2.2 Factory location:

3.0.Status:

3.1 Category : (Pl. ✓ mark)

Micro Enterprises ☐ Small Enterprises ☐ Medium Enterprises ☐ Large Industry ☐

3.2 Constitution of the Organisation (Pl. ✓ mark)

Proprietary ☐ Partnership ☐ Pvt. Ltd. ☐ Limited ☐ Coop. ☐

3.3 Status of the Industry: (Pl. ✓ mark)

New Industry ☐ Expansion ☐ Diversification ☐

3.4 Date of Commencement of Production:

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(Date of Commencement of Production is the date of First Sale Bill/Invoice)

3.5 EM Part - II/IEM/IL No:

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Date:

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3.6 Employment in Nos.

a) Management & Staff

b) Supervisory

c) Workers

Male			Female		

4. Fixed Capital Investment(in Rs.)

Nature of Assets	New /Existing Enterprise	Expansion/ Diversification Project	% of increase under Expansion/ Diversification Project
(1)	(2)	(3)	(4)
Land			
Building			
Plant & Machinery			
Total			

(If it is a new enterprise/industry, then column (3) and (4) need not be filled and it may be strike off)

5. Line of Activity.

	Line of activity	Units i.e. Nos. / Tons/ Ltrs.	Capacity	Values in Rs.
New /Existing Enterprise				
Expansion/ Diversification Project				
% of increase under Expansion/ Diversification Project				

Note: In respect of Expansion/Diversification projects, Enterprises involving at least 25% enhancement on fixed capital investment as well as Capacity are eligible for claiming incentives:

6. Employment:

- a) Management & Staff
b) Supervisory
c) Workers

Male
(Nos.)

Female
(Nos.)

7	Existing power connection in HP				
8	New power connection in HP				
9	Date of new power connection released.				
10	Power utilized during previous three financial years before this expansion/ diversification project	Sl. No.	Financial Year	Total units consumed	Total amount paid by the in Rs.
		1			
		2			
		3			
11	Details of Energy consumed from the date of commencement of production and amount claimed for the Half year **				
	Financial year	1 st half year 1 st April to 30 th September		2 nd half year 1 st October to 31 st March	
		No. of units consumed	Amount paid in Rs.	No. of units consumed	Amount paid in Rs.
1.					
2.					
3.					
4.					
5.					

** Half year means every six months from the financial year beginning from 1st April to 31st March.

12. Claim applied for (Amount in Rs.)

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DECLARATION

I / We hereby confirm that to the best of our knowledge and belief, information given herein and other papers enclosed are true and correct in all respects. We further undertake to substantiate the particulars about promoter(s) and other details with documentary evidence as and when called for.

I/We hereby agree that I/We shall forthwith repay the amount to me/us under scheme, if the amount of Reimbursement of power tariff is found to be disbursed in excess of the amount actually admissible whatsoever the reason.

Certified that this amount has not been claimed earlier. In case of a wrong claim I shall repay the entire amount of concession(s) availed under IIPP2005-2010 scheme in Lump sum with prevailing interest.

Station :

Signature of Authorised Person
with Firm /Office Seal.

Date :

- The following documents are to be furnished:
 - a) Power release certificate issued by DISCOM concerned for the first time of the claim.
 - b) Power Bill and payment proof/receipts from DISCOM concerned.
 - c) Self Certification prescribed at Form – B.
 - d) Power utilization Particulars for the last –3- years and Column No. 4 & 5 of the application duly certified by Chartered Accountant for the first time of the claim if it is Expansion/Diversification Project.
 - e) Valid Consent for Operation (CFO) from APPCB/Acknowledgement from General Manager, District Industries Centre concerned on pollution angle.
 - f) All the required documents as per Check-Slip at PART – C, for the first time of the claim.

13. RECOMMENDATION OF THE INSPECTING OFFICER:

(not to be filled by the Enterprise/Industry, to be filled by inspecting Officer)

a. Amount claimed in Rs.

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b. Amount recommended in Rs.

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The claim application of the captioned Enterprise/Industry is verified as per the operational guidelines. The Enterprise/Industry is eligible for availing incentives under IIPP 2010-15. The Enterprise/Industry did not add or removed any Plant & Machinery and there is no change of line of activity and capacity. Further, the Enterprise/Industry is in continuous operation, there is no

break-in-production (if so the details of the break-in-production) and I recommend the above incentives to the captioned Enterprise/Industry.

Signature of Inspecting Officer with Name & Designation.

Remarks of the General Manager:

The applicant Enterprise/Industry is eligible for above incentives and the claim is in order. The computation of capital cost has been done as per the provisions under the scheme. I recommend for sanction of above incentives.

Signature of General Manager with Office Seal.

Note: This application form, if photo copied must be exactly as per original & it must be both sides of the page.

ANNEXURE: VIII

(G.O.MS.No. INDUSTRIES & COMMERCE (IP) DEPARTMENT, DATED 05.05.2011)

**APPLICATION CUM VERIFICATION FOR CLAIMING INVESTMENT
SUBSIDY UNDER INDUSTRIAL INVESTMENT PROMOTION POLICY
(IIPP) - 2010-2015 OF ANDHRA PRADESH**

(G.O.Ms.No.61 Industries and Commerce (IP) Department., dated.29/06/2010)

**PART - A
CLAIM**

To be filled by DIC/ Commissionerate of Industries.									
Date of receipt in DIC:									
DIC File No.:									
Date of receipt in Commissionerate:									
Commissionerate File No.:									

To be filled by Applicant**1.0. Details of Industry:**

1.1. Name of the Enterprise:

1.2 Name of the Proprietor/Managing Partner / Managing Director:

1.3 TIN No. of the Enterprise/Industry/ Proprietor / Managing Partner / Managing Director:

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1.4 PAN No. of the Proprietor / Managing Partner / Managing Director:

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2.0. Address of the Enterprise:

2.1 Office:

2.2 Factory location:

3.0.Status:

3.1 Category : (Pl. ✓ mark)

Micro Enterprises ☐ Small Enterprises ☐ Medium Enterprises ☐ Large Industry ☐

3.2. Constitution of the Organisation & Industry status (Pl. ✓ mark)

Proprietary ☐ Partnership ☐ Pvt. Ltd. ☐ Limited ☐3.3. New Industry ☐ Expansion ☐ Diversification ☐

3.4 Date of Commencement of Production:

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(Date of Commencement of Production is the date of First Sale Bill/Invoice)

3.5 EM Part - II/IEM/IL No:

Date:

4.0. Project Details:**4.1. New Enterprise.**

Line of activity	Unit	Installed capacity	Value

4.2. Expansion/ Diversification Project

	Line of activity	Installed Capacity (in Enterprises)	% of increase under Expansion/ Diversification Project
Existing Enterprise			
Expansion/ Diversification Project			

4.3. Fixed Capital Investment(in Rs.)

Nature of Assets	Existing Enterprise	Under Expansion/ Diversification Project	% of increase under Expansion/ Diversification Project
Land			
Building			
Plant & Machinery			
Total			

5.0. Social Status (Pl. ✓ mark)SC ☐ ST ☐ Women ☐ Others ☐

5.1 Details of the Director(s) / Partner(s):

	Name	Community	Share	%
i)				
ii)				
iii)				
iv)				

6.0. Power

6.1. Power released Date

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6.2. Contracted load

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6.3. Connected load

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6.4 Employment:

- a) Management & Staff
- b) Supervisory
- c) Workers

Male (Nos.)		

Female (Nos.)		

7.0. Implementation Steps taken:

7.1. Project Finance:

7.2. Date of Application for term loan

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7.3. Name of the Instn. (with lead Institution in the event of joint or consortium financing)

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7.4. Term loan sanctioned reference No. :

7.5. Date:

8.0. Approved / Estimated Project cost, Term loan sanctioned and released, assets acquired etc.

	Name of Asset	Approved Project Cost	Loan Sanctioned	Equity from the promoters	Loan Amount Released	Value of assets (as certified by financial institution).	Value of assets certified by Chartered Accountant
	1	2	3	4	5	6	7

CST No. : Date

Concerned Authority : ACTO/C.T.O./D.C.T.O./Dy Commissioner
Address :

12.0. **Incentives applied for (in Rs.) on fixed capital investment:**

12.1. Investment Subsidy : Rs.

12.2. An additional investment subsidy for Women entrepreneurs. : Rs.

12.3. An additional investment subsidy for SC/ST entrepreneurs : Rs.

12.4. An additional investment subsidy for
Women entrepreneurs set up in
Scheduled areas : Rs.

Total : Rs.

DECLARATION

- 13.1. I / We hereby confirm that the contents of the claim application are true to the best of my /our knowledge.
- 13.2. I / We abide by the provision under Industrial Investment Promotion Policy Scheme 2010-2015. State Incentives and further abide by the changes / modifications made by the State Government under G.O.Ms.No.61 Industries and Commerce (IP) Department., dated.29/06/2010. I / We also abide by the decisions of Industries & Commerce Department.
- 13.3. I / We shall not change the location of the whole or part of the industrial Enterprise or effect any substantial contraction or disposal of substantial part of its total capital investment within a period of six (6) years from the date of commencement of commercial production.
- 13.4. I / We assure that the State incentives (Capital subsidy) applied for will be used solely for the development of the Enterprise and shall produce utilisation certificate to the District Industries Centre (DIC) within one year and furnish annual progress report and certified copy of audited accounts to the DIC for a period of six (6) years.
- 13.5. I / We confirm that subsidy was already availed under the Government schemes mentioned at para No.9.0.
- 13.6. If the amount of Investment Subsidy are found to be disbursed in excess of the amount actually admissible whatsoever the reason, I/We hereby agree that I/We shall forthwith repay the amount released to me/us under the scheme.

- 13.7. I / We shall agree that apart from other consequences, I / We will forego the eligibility for the continuance of incentives and other financial concessions for further years if these incentives / financial concessions were obtained by misrepresentation of facts or in case of misutilisation. I / We not only agree to pay back these incentives / financial concessions but also authorise State Government to call back the same through summary proceedings under the provisions of R.R.Act 1864.

Station :
Date :

Signature of Authorised Person
with Firm /Office Seal.

CHARTERED ACCOUNTANT CERTIFICATE

I/We hereby confirm that I/We have examined the prescribed registers, books of account and the bank statement in respect of the above Enterprise and Certified to be true the expenditure under Col(7) of Sl.No. 8.0.

I/We fully understand that any submission made in this certificate if proved incorrect or false, will render me/us liable to face any penal action or other consequences as may be prescribed in the law or otherwise warranted.

Signature & Stamp/seal of the Signatory_____

Name_____

Membership No._____

Full address_____

Name and address of the Institution where registered.

Date:

Place:

Note: This application form, if photo copied must be exactly as per original & it must be both sides of the page.

FOR OFFICIAL USE IN DIC OFFICE

PART - B
VERIFICATION -CUM- RECOMMENDATION OF G.M, DIC

- 1.1. Name and Address of the Industry :
- 1.2. Name of the Inspecting Officer :
- 1.3. Designation :
- 1.4. Date(s) of Inspection :
- 1.5. Constitution : Proprietary/Partnership/Pvt.
Ltd./Limited/Coop.
- 1.6. Person (from Industry) present at the time of Inspection. :
- 1.7. Status of the Industry/Enterprises : New / Expansion / Diversification
- 2.0. Verification certificate

Certified that contents of the claim under Part-A and the document indicated in Part-C of this claim application were verified and found correct. The plant and machinery and equipment was physically verified as per the statement of machinery and found them duly installed and put on work . Further certified that the fixed assets claimed for incentives are essentially required for carrying the production in which the industry is engaged in.

3.0. Project Details:3.1. New Enterprise.

Line of activity	Unit	Installed capacity	Value

3.2. Expansion / Diversification Project

	Line of activity	Installed Capacity (in units)	% of increase under Expansion/ Diversification Project
Existing Enterprise			
Expansion/ Diversification Project			

3.3. Fixed Capital Investment of the Expansion / Diversification Project (in Rs.)

Nature of Assets	Existing Enterprise	Expansion/ Diversification Project	% of increase under Expansion/ Diversification Project

Land			
Building			
Plant & Machinery			
Total			
3.4	Date of commencement of production		
3.5	Date of receipt of claim application		
3.6	Date of issue of Regd. Notice calling shortfall documents/information		
3.7	Date of claim taken to call book due to non Receipt of shortfalls documents		
3.8	Date of receipt of shortfall documents/information.		

4.0.0 Capital cost computed & recommended in Rs.

4.1.0 Land:

4.1.1.	<u>Extent in Sq.Mtrs</u>	<u>Built up area in Sq.Mtrs</u>	<u>5 times built up area in Sq.Mtrs</u>	<u>Extent eligible in Sq.Mtrs</u>

4.1.2 Claim application submitted by the Enterprise for reimbursement of Stamp Duty: Yes / No.

4.1.3 Claim application submitted by the Enterprise for reimbursement of Stamp Duty: Yes / No.

(if, the Enterprise submitted the claim applications for sanction of Stamp Duty or Land cost the GM, DIC concerned should deduct the value of the same from the computation of the land cost)

(in Rupees)

4.1.4.	Land cost	Stamp duty	Regn. Fees	Total	Approved Project cost	Proportionate eligible value
4.1.5	Computed cost			Rs.		

4.2.0 Building and other civil works:

4.2.1 Approved Project cost :

4.2.2	Value of the items 8.2.2 to 8.2.10 of guideline	Plinth area	Rate as per the APSFC norms	Value
	Total value of 100 % Items			Rs.
4.2.3	Value of the items 8.2.11 to 8.2.17 and similar items of guidelines not to exceed 10% of the total value of the civil works.			

4.2.4	Total Value 10% Items			Rs.
4.2.5	Grand Total Value 100% + 10% Items			Rs.
4.2.6	Computed cost :		Rs.	

4.3.0 Plant and Machinery and Equipment (PM&E) :

4.3.1.	As per approved project cost	As per list of Plant & Machinery	Tech.Know how and study and turnkey charges not to exceed 10% of PM & E	2 nd hand machinery Value	% of 2 nd hand Machinery	Total
4.3.2	Computed Cost:		Rs.			

4.4.0. Total Cost computed:

(In Rupees)

4.4.1	Land (4.1.6)	
	Buildings (4.2.6)	
	Plant & Machinery (4.3.2)	
	Total	

5.0 Recommended for sanction of investment subsidy mentioned below:

Investment Subsidy

5.1. Investment Subsidy

: Rs.

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5.2. An additional investment subsidy for Women entrepreneurs.

: Rs.

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5.3. An additional investment subsidy for SC/ST entrepreneurs

: Rs.

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5.4. An additional investment subsidy for

Women entrepreneurs set up in

Scheduled areas

: Rs.

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Total**: Rs.**

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Signature of inspecting Officer with Designation.

Remarks of the General Manager :

The industrial entrepreneur acquired open land and established the industry/enterprise, hence previously not availed any incentives by the any industry/enterprise on this land. The industrial entrepreneur acquired the land and building on leased basis, previously not availed any incentives by the any industry/enterprise in this location. If, any

Enterprise/Industry availed incentives under any scheme in the same location, may be sent details thereof.

The applicant Enterprise is eligible for said incentives and the claim is in order. The computation of capital cost has been done as per the provisions under the scheme only. I recommend for sanction of incentives.

Signature of General Manager with Office Seal.

TO BE FILED BY APPLICANT

PART - C

CHECK – SLIP

1.0. Document Enclosed

1.1. Certificate from the financing institution concerned showing term loan released and the value of assets acquired as on prior to filing of claim/within 6 months from the date of commencement of commercial production whichever is earlier together with other details and machinery statement as a statement of account in the form prescribed with attested copies of bills in case of institutionally financed Enterprises/industries.

OR

List of Plant & Machinery & Equipment purchased and installed in the prescribed form with attested copies of bills and payment proof in respect of self financed Enterprises/industries.

1.2. Caste Certificates issued by M.R.Os concerned
in case of SC/ST Entrepreneur Yes/No/N.A

1.3. Certificate from the Chartered Accountant
and % of holding of equity in the company by
each partner/director. Yes/No/N.A

1.4. Regd. Partnership Deed/Articles of Association and
Memorandum of Association in case of Pvt. Ltd and
Limited companies along with incorporation certificate/
Bye-laws in case of Indl. Cooperative along with
Registration Certificate. Yes/No/N.A

2.0. Documents in original to be produced to the inspecting officer of DIC
for verification (tick appropriate)

2.1. Approval of Director of Factories Yes/No/N.A

2.2. Boilers Certificate Yes/No/N.A

2.3. Approval of Director of Town & Country Planning / UDA Yes/No/N.A

2.4. Regular building plans approval of Municipality or
Gram Panchayat. Yes/No/N.A

2.5. Consent for Operation from APPCB/Acknowledgement from
the General Manager, DIC concerned Yes/No/N.A

2.6. Power release Certificate from APTRANSCO/DISCOM Yes/No/N.A

2.7. Environmental clearance Yes/No/N.A

2.8. Other statutory approvals (specify) Yes/No/N.A

2.9. EM Part – I full set/IEM/IL Yes/No/N.A

2.10. EM Part – II full set/IEM/IL Yes/No/N.A

2.11.	Project Report	Yes/No/N.A
2.12.	Term loan sanction letters	Yes/No/N.A
2.13.	Board Resolution authorizing to sign and file claim etc., in case of Pvt./Ltd., Companies, Cooperatives and similar authorization in respect of partnership firms.	Yes/No/N.A
2.14.	Registered land Sale deed/Premises Lease deed	Yes/No/N.A
2.15.	C.A. and C.E. Certificate regarding 2 nd hand plant & machinery	Yes/No/N.A
2.16.	C.E. Certificate for Self fabricated machinery	Yes/No/N.A
2.17.	BIS Certificate	Yes/No/N.A
2.18.	Drug License	Yes/No/N.A
2.19.	Explosive License	Yes/No/N.A
2.20.	VAT/CST/SGST Certificate	Yes/No/N.A
2.21.	Form – A	Yes/No/N.A
2.22.	Form – B	Yes/No/N.A

N.A: = Not Applicable

Signature of Authorised Person with firm / Office

Seal

REMARKS OF THE INSPECTING OFFICER

Verified all the above documents submitted by the Entrepreneur and found correct.

Signature of Inspecting Officer with Designation/ General Manager.

ANNEXURE: IX

(G.O.MS.No. INDUSTRIES & COMMERCE (IP) DEPARTMENT, DATED 05.05.2011)
**APPLICATION -CUM -VERIFICATION FORM FOR REIMBURSEMENT OF
 INTEREST SUBSIDY UNDER 'PAVALA VADDI SCHEME' UNDER INDUSTRIAL
 INVESTMENT PROMOTION POLICY (IIPP) – 2010-2015 OF ANDHRA PRADESH**
 (G.O.Ms.No.61 Industries and Commerce (IP) Department., dated.29/06/2010)

1.0 Details of Enterprise:

1.1. Name of the Enterprise:

[illegible]

1.2 Name of the Proprietor/Managing Partner / Managing Director:

[illegible]

1.3 TIN No. of the Enterprise/Industry/ Proprietor / Managing Partner / Managing Director:

[illegible]

1.4	PAN No. of the Proprietor / Managing Partner / Managing Director:
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[illegible]

1.5. Constitution of the Entrepreneur. (Pl. ✓ mark)

Proprietary ☐ Partnership ☐ Pvt. Ltd. ☐ Limited ☐ Coop. ☐

2.0. Social Status (Pl. ✓ mark)

2.1 SC ☐ ST ☐ Women ☐ Others ☐

2.2. Details of the Director(s) / Partner(s):

	Name										Social status SC/ST	Shares value in Rs.	%	M/F
i)														
ii)														
iii)														
iv)														

3.0. Address of the Enterprise:

[illegible][illegible]

3.3 Date of Commencement of Production:

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Line of activity	Installed Capacity	Units (Nos./Tons/ KLts.)	Value in Rs.
1			
2			
3			

6.1 Nature of Assets	Amount in Rs.
Land (only 5 times the building area to be considered)	
Building	
Plant & Machinery	
Total	

Name of the Financial Institution	Loan A/c No.	Sanction order No & Date	Amount sanctioned (Rs.)	Rate of Interest %	Term loan released (Rs.)
1	2	3	4	5	6

8. Pavala Vaddi claimed:				
Interest on Term loan on Half yearly basis	Rate of interest %	Interest paid (Rs) excluding penal interest	Eligible (maximum9%)	Amount claimed (Rs.)
1	2	3	4	5

DECLARATION

I / We hereby confirm that to the best of our knowledge and belief, information given herein before and other papers enclosed are true and correct in all respects. We further undertake to substantiate the particulars about promoter(s) and other details with documentary evidence as and when called for.

I/We hereby agree that I/We shall forthwith repay the amount to me/us under scheme, if the amount of Interest Subsidy are found to be disbursed in excess of the amount actually admissible whatsoever the reason.

Station :

Date :

Signature of Authorised Person
with Firm /Office Seal.

CHARTERED ACCOUNTANT CERTIFICATE

I/We hereby confirm that I/We have examined the prescribed registers, books of account and the bank statement in respect of M/s(enterprise).

I/ We hereby certify that the above figures furnished by the Enterprise holder are verified with the records of the Enterprise /Enterprise as per the provisions stipulated in G.O.Ms.No.61 Industries and Commerce (IP) Department., dated.29/06/2010.

I/We fully understand that any submission made in this certificate if proved incorrect or false, will render me/us liable to face any penal action or other consequences as may be prescribed in the law or otherwise warranted.

Signature & Stamp/seal of the Signatory_____

Name_____

Membership No._____

Full address_____

Name and address of the Institution where registered.

Date:

Place:

- The following documents are to be furnished:

- a) Term loan Sanction letter
- b) Certificate from financial institutions in prescribed form.
- g) Valid Consent for Operation (CFO) from APPCB/Acknowledgement from General Manager, District Industries Centre concerned on pollution angle.
- d) All the required document as per Check-Slip at PART – C, for the first time of the claim.

9. RECOMMENDATION OF THE INSPECTING OFFICER:

(not to be filled by the Enterprise/Industry, to be filled by inspecting Officer)

a. Amount claimed in Rs. :

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b. Amount recommended in Rs.:

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The claim application of the captioned Enterprise/Industry is verified as per the operational guidelines. The Enterprise/Industry is eligible for availing incentives under IIPP 2010-15. The Enterprise/Industry did not add or removed any Plant & Machinery and there is no change of line of activity and capacity. Further, the Enterprise/Industry is in continuous operation, there is no break-in-production (if so the details of the break-in-production) and I recommend the above incentives to the captioned Enterprise/Industry.

Signature of Inspecting Officer with Name & Designation.

Remarks of the General Manager:

The applicant Enterprise/Industry is eligible for above incentives and the claim is in order. The computation of capital cost has been done as per the provisions under the scheme. I recommend for sanction of above incentives.

Signature of General Manager with Office Seal.

Note: This application form, if photo copied must be exactly as per original & it must be both sides of the page.

ANNEXURE: X

(G.O.MS.No. INDUSTRIES & COMMERCE (IP) DEPARTMENT, DATED 05.05.2011)

**APPLICATION CUM VERIFICATION FOR GRANT OF SEED CAPITAL
ASSISTANCE UNDER INDUSTRIAL INVESTMENT PROMOTION POLICY (IIPP) –
2010-2015 OF ANDHRA PRADESH**

(G.O.Ms.No.61 Industries and Commerce (IP) Department., dated.29/06/2010)

1.0 Details of Industry:

1.1. Name of the Enterprise:

[illegible]

1.2 Name of the Proprietor/Managing Partner / Managing Director:

[illegible]

1.3 TIN No. of the Enterprise/Industry/ Proprietor / Managing Partner / Managing Director:

[illegible]

1.4	PAN No. of the Proprietor / Managing Partner / Managing Director:
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[illegible]

1.5 Details of the Director(s) / Partner(s):

	Name	Community	Share	%
i)				
ii)				
iii)				
iv)				

2.0 Address of the Enterprise:

2.1 Office:

[illegible]

2.2 Factory location:

3.0.Status:

3.1. Constitution of the Organisation (Pl. ✓ mark)
 Proprietary ☐ Partnership ☐ Pvt. Ltd. ☐ Limited ☐ Coop. ☐

3.2 Date of Commencement of Production:

 (Date of Commencement of Production is the date of First Sale Bill/Invoice)

3.3 EM Part - II/IEM/IL No:

 Date:

3.4. Line of Activity.

Line of activity	Installed Capacity

4.0.Status:

4.1. Social Status (Pl. ✓ mark)

SC ☐ ST ☐ Women ☐

If SC, ST & Women please indicate % Share in the equity.

4.2 Details of the Director(s) / Partner(s):

	Name	Comm	Share	%
i)				
ii)				
iii)				
iv)				

5.0. Power

5.1. Power Supply Date

5.2. Enterprise Contacted load

5.3. Connected load

6.0. Approved / Estimated Project cost, Term loan sanctioned and released, assets acquired etc.

	Name of Asset	Approved Project	Loan Sanct-	Equity from promoters	Loan Amount	Value of assets	Value of assets
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		Cost	ioned		Released	acquired (as certified by financial institution.	certified by Chartered Accountant
	1	2	3	4	5	6	7
6.1.	Land						
6.2.	Building						
6.3.	Plant & Machinery& Equipment						
6.4	Preliminary & Pre operative expenses						
6.5.	Tech. know how / feasibility study / Turnkey charges.						
6.6.	Working Capital						
6.7.	Others.						
	Total						

7. Registration with Commercial taxes Department Registration,

VAT No. : Date
CST No. : Date
Concerned Authority : ACTO/C.T.O./D.C.T.O./Dy Commissioner
Address :

DECLARATION

I / We hereby confirm that to the best of our knowledge and belief, information given herein before and other papers enclosed are true and correct in all respects. We further undertake to substantiate the particulars about promoter(s) and other details with documentary evidence as and when called for.

I/We hereby agree that I/We shall forthwith repay the amount to me/us under scheme, if the amount of seed capital assistance are found to be disbursed in excess of the amount actually admissible whatsoever the reason.

Station :

Signature of Authorised Person
with Firm /Office Seal.

Date :

CHARTERED ACCOUNTANT CERTIFICATE

I/We hereby confirm that I/We have examined the prescribed registers, books of account and the bank statement in respect of the above Enterprise.

I/We fully understand that any submission made in this certificate if proved incorrect or false, will render me/us liable to face any penal action or other consequences as may be prescribed in the law or otherwise warranted.

Signature & Stamp/seal of the Signatory_____

Name_____

Membership No._____

Full address_____

Name and address of the Institution where registered.

Date:

Place:

- The following documents are to be furnished:
 - a) Sanction letter of term loan and seed capital loan from Financial Institution.
 - b) Memorandum of Articles/Registered Partnership Deed
 - c) EM Part – I / Part – II full set.

8. RECOMMENDATION OF THE INSPECTING OFFICER:

(not to be filled by the Enterprise/Industry, to be filled by inspecting Officer)

a. Amount claimed in Rs. :

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b. Amount recommended in Rs. :

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The claim application of the captioned Enterprise/Industry is verified as per the operational guidelines. The Enterprise/Industry is eligible for availing incentives under IIPP 2010-15. The Enterprise/Industry did not add or removed any Plant & Machinery and there is no change of line of activity and capacity. Further, the Enterprise/Industry is in continuous operation, there is no break-in-production (if so the details of the break-in-production) and I recommend the above incentives to the captioned Enterprise/Industry.

Signature of Inspecting Officer with Name & Designation.

Remarks of the General Manager:

The applicant Enterprise/Industry is eligible for above incentives and the claim is in order. The computation of capital cost has been done as per the provisions under the scheme. I recommend for sanction of above incentives.

Signature of General Manager with Office Seal.

Note: This application form, if photo copied must be exactly as per original & it must be both sides of the page.

ANNEXURE: XI

(G.O.MS.No. INDUSTRIES & COMMERCE (IP) DEPARTMENT, DATED 05.05.2011)

APPLICATION CUM VERIFICATION FOR REIMBURSEMENT OF SALES TAX UNDER INDUSTRIAL INVESTMENT PROMOTION POLICY

(IIPP) – 2010-2015 OF ANDHRA PRADESH

(G.O.Ms.No.61 Industries and Commerce (IP) Department., dated.29/06/2010)

1.0. Details of Industry:

1.1. Name of the Enterprise:

[illegible]

1.2 Name of the Proprietor/Managing Partner / Managing Director:

[illegible]

1.3 TIN No. of the Enterprise/Industry/ Proprietor / Managing Partner / Managing Director:

[illegible]

1.4	PAN No. of the Proprietor / Managing Partner / Managing Director:
-----	---

PAN No. of the Proprietor / Managing Partner / Managing Director:

2.0.Address of the Enterprise:

2.1 Office:

[illegible]

2.2 Factory location:

[illegible]

3.0.Status:

3.1 Category : (Pl. ✓ mark)

Micro Enterprises ☐ Small Enterprises ☐ Medium Enterprises ☐ Large Industry ☐

3.2. Constitution of the Organisation (Pl. ✓ mark)

Proprietary ☐ Partnership ☐ Pvt. Ltd. ☐ Limited ☐ Coop. ☐

3.3. Status of the Industry: (Pl. ✓ mark)

New Industry ☐ Expansion ☐ Diversification ☐

3.4 Date of Commencement of Production:

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(Date of Commencement of Production is the date of First Sale Bill/Invoice)

3.5 EM Part - II/IEM/IL No:

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

Date:

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

4. Employment:

- e) Management & Staff
- f) Supervisory
- g) Workers

Male (Nos.)		

Female (Nos.)		

5. Fixed Capital Investment(in Rs.)

Nature of Assets	New /Existing Enterprise	Expansion/ Diversification Project	% of increase under Expansion/ Diversification Project
(1)	(2)	(3)	(4)
Land			
Building			
Plant & Machinery			
Total			

(If it is a new enterprise/industry, then column (3) and (4) need not be filled and it may be strike off)

6. Line of Activity.

	Line of activity	Units i.e. Nos. / Tons/ Ltrs.	Capacity	Values in Rs.
New /Existing Enterprise				
Expansion/ Diversification Project				
% of increase under Expansion/ Diversification Project				

Note: In respect of Expansion/Diversification projects, Enterprises involving at least 25% enhancement on fixed capital investment and Capacity are eligible for claiming incentives

7	Sales Tax Regn. No & Date APGST CST			
8	Installed capacity of the existing Enterprise as certified by the financial institution/ chartered accountant			
9	Production details preceding three years before expansion/ diversification project as certified by the financial institution/ chartered accountant	Year	Enterprises	Total production
		1		
		2		
		3		
10	Sales Tax reimbursement already availed by Enterprise from the Date of Commencement of Production.	1 st year (201 – 20)		Rs.
		2 nd year (201 – 20)		Rs.
		3 rd year (201 – 20)		Rs.
		4 th year (201 – 20)		Rs.
		Total		Rs.
11	Claim application submitted by the Enterprise/Industry for the Year:			
12	Tax paid by the Enterprise during the year as certified by Commercial Tax Department	Rs.		
13	25% Reimbursement amount claimed by the Enterprise	Rs.		

DECLARATION

I / We hereby confirm that to the best of our knowledge and belief, information given herein before and other papers enclosed are true and correct in all respects. We further undertake to substantiate the particulars about promoter(s) and other details with documentary evidence as and when called for.

I/We hereby agree that I/We shall forthwith repay the amount to me/us under scheme, if the amount of Reimbursement of tax are found to be disbursed in excess of the amount actually admissible whatsoever the reason.

Station :

Date :

Signature of Authorised Person
with Firm /Office Seal.

- The following documents are to be furnished:

a) Certificate from concerned CTO as prescribed at Form – A.

- b) Production Particulars for the last –3- years and Column No. 5 & 6 of the application duly certified by Chartered Accountant for the first time of the claim, if it is Expansion/Diversification Project.
- c) Valid Consent for Operation (CFO) from APPCB/Acknowledgement from General Manager, District Industries Centre concerned on pollution angle.
- d) All the required document as per Check-Slip at PART – C, for the first time of the claim.

14. RECOMMENDATION OF THE INSPECTING OFFICER:

(not to be filled by the Enterprise/Industry, to be filled by inspecting Officer)

a. Amount claimed in Rs. :

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b. Amount recommended in Rs. :

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

The claim application of the captioned Enterprise/Industry is verified as per the operational guidelines. The Enterprise/Industry is eligible for availing incentives under IIPP 2010-15. The Enterprise/Industry did not add or removed any Plant & Machinery and there is no change of line of activity and capacity. Further, the Enterprise/Industry is in continuous operation, there is no break-in-production (if so the details of the break-in-production) and I recommend the above incentives to the captioned Enterprise/Industry.

Signature of Inspecting Officer with Name & Designation.

Remarks of the General Manager:

The applicant Enterprise/Industry is eligible for above incentives and the claim is in order. The computation of capital cost has been done as per the provisions under the scheme. I recommend for sanction of above incentives.

Signature of General Manager with Office Seal.

Note: This application form, if photo copied must be exactly as per original & it must be both sides of the page.

ANNEXURE: XII

(G.O.MS.No. INDUSTRIES & COMMERCE (IP) DEPARTMENT, DATED 05.05.2011)
**APPLICATION CUM VERIFICATION FOR REIMBURSEMENT OF
 CERTIFICATION CHARGES FOR ACQUIRING QUALITY CERTIFICATION COST
 UNDER INDUSTRIAL INVESTMENT PROMOTION POLICY (IIPP) – 2010-2015 OF
 ANDHRA PRADESH**

(G.O.Ms.No.61 Industries and Commerce (IP) Department., dated.29/06/2010)

1. (a) Name and Address of the Enterprise :
(Office & Factory Location(s))
- (b) Telephone No. Factory & Office :
- (c) E-mail & Fax No :
- 2 EM Part – II/IEM/IL/EOU No :
Date :
(Enclose an attested copy)
3. Item(s) of manufacture/processing as indicated in the EM Part – II/IEM/IL/EOU registration
4. Proof of functional status of the Enterprise as on the date of submission of Application.
(A certificate (in original) from State DI/GM,DIC Confirming functional status of the Enterprise at the time of acquiring ISO-9000/ISO 14001/HACCP – certificate)
5. **Details of ISO 9000/ISO 14001/HACCP Certificate**
Name and address of certification agency :
The Certificate must have address of the site/location certified: Scope of certification, Certificate No, date of issue & period of validity (or date of expiry) Name & Logo & Number of the Accreditation Body/Board.
(Enclose an attested copy of the Certificate)
6. Details of expenditure incurred in acquiring ISO-9001/ISO-14001/HACCP Certificate (excluding Hotel & Travel expenses & Surveillance charges)
Furnish a CA certificate of expenditure (in original) giving the details along with bills and vouchers and proof of payment.

7. Details of reimbursement/grant/subsidy already received, if any, from Centre Govt. (including DC(SSI) /State Govt./ Financial Institution etc. For acquiring ISO-9001/ISO-14001/HACCP Certificate (furnish, an Undertaking/declaration (in original) from the Managing Director/ Director Proprietor/Partner of the Enterprise duly sworn before a Notary.

DECLARATION

(full name).....S/o Managing Director/ Director Proprietor / Partner / Proprietor is(complete address) hereby declare that the particulars given in the application are correct. In case any of the statement/information furnished in the application / documents later found to be wrong or incorrect or misleading, I do hereby bind myself and my Enterprise to pay to the Government on demand the full amount received as reimbursement in respect of above mentioned activity, within seven days of the demand being made to me in writing.

I/We hereby agree that I/We shall forthwith repay the amount to me/us under scheme, if the amount of Quality certification charges are found to be disbursed in excess of the amount actually admissible whatsoever the reason.

Station :
Date :

Signature of Authorised Person
with Firm /Office Seal.

CHARTERED ACCOUNTANT CERTIFICATE

I/We hereby confirm that I/We have examined the prescribed registers, books of account and the bank statement in respect of the above Enterprise.

I/We fully understand that any submission made in this certificate if proved incorrect or false, will render me/us liable to face any penal action or other consequences as may be prescribed in the law or otherwise warranted.

Signature & Stamp/seal of the Signatory_____

Name_____

Membership No._____

Full address_____

Name and address of the Institution where registered.

Date:

Place:

Note :The copy of EM Part – II/IEM/IL/EOU Certificate, ISO -Certification must be attested by General Manager, District Industries Centre concerned.

8. RECOMMENDATION OF THE INSPECTING OFFICER:

(not to be filled by the Enterprise/Industry, to be filled by inspecting Officer)

a. Amount claimed in Rs. :

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b. Amount recommended in Rs. :

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

The claim application of the captioned Enterprise/Industry is verified as per the operational guidelines. The Enterprise/Industry is eligible for availing incentives under IIPP 2010-15. The Enterprise/Industry did not add or removed any Plant & Machinery and there is no change of line of activity and capacity. Further, the Enterprise/Industry is in continuous operation, there is no break-in-production (if so the details of the break-in-production) and I recommend the above incentives to the captioned Enterprise/Industry.

Signature of Inspecting Officer with Name & Designation.

Remarks of the General Manager:

The applicant Enterprise/Industry is eligible for above incentives and the claim is in order. The computation of capital cost has been done as per the provisions under the scheme. I recommend for sanction of above incentives.

Signature of General Manager with Office Seal.

Note: This application form, if photo copied must be exactly as per original & it must be both sides of the page.

ANNEXURE: XIII

(G.O.MS.No. INDUSTRIES & COMMERCE (IP) DEPARTMENT, DATED 05.05.2011).
**APPLICATION CUM VERIFICATION FOR REIMBURSEMENT ON EQUIPMENT
PURCHASED FOR CLEANER PRODUCTION MEASURES UNDER INDUSTRIAL
INVESTMENT PROMOTION POLICY (IIPP) – 2010-2015 OF ANDHRA PRADESH**
(G.O.Ms.No.61 Industries and Commerce (IP) Department., dated.29/06/2010)

1.0. Details of Industry:

1.1. Name of the Enterprise:

[illegible]

1.2 Name of the Proprietor/Managing Partner / Managing Director:

[illegible]

1.3 TIN No. of the Enterprise/Industry/ Proprietor / Managing Partner / Managing Director:

[illegible]

1.4	PAN No. of the Proprietor / Managing Partner / Managing Director:
-----	---

[illegible]

2.0.Address of the Enterprise:

2.1 Office:

[illegible]

2.2 Factory location:

[illegible]

3.0.Status:

3.1 Category : (Pl. ✓ mark)

Micro Enterprises ☐ Small Enterprises ☐ Medium Enterprises ☐ Large Industry ☐

3.2. Constitution of the Organisation (Pl. ✓ mark)

2									
3									
4									

8 Amount of subsidy claimed in
Rs.(25% limited to Rs. 5.00 Lakhs)

Rs.

DECLARATION

I / We hereby confirm that to the best of our knowledge and belief, information given herein before and other papers enclosed are true and correct in all respects. We further undertake to substantiate the particulars about promoter(s) and other details with documentary evidence as and when called for.

I/We hereby agree that I/We shall forthwith repay the amount to me/us under scheme, if the amount of Reimbursement are found to be disbursed in excess of the amount actually admissible whatsoever the reason.

Station :

Signature of Authorised Person
with Firm /Office Seal.

Date :

CHARTERED ACCOUNTANT CERTIFICATE

I/We hereby confirm that I/We have examined the prescribed registers, books of account and the bank statement in respect of the above Enterprise.

I/We fully understand that any submission made in this certificate if proved incorrect or false, will render me/us liable to face any penal action or other consequences as may be prescribed in the law or otherwise warranted.

Signature & Stamp/seal of the Signatory_____

Name_____

Membership No._____

Full address_____

Name and address of the Institution where registered.

Date:

Place:

- The following documents are to be furnished:
 - a) Original purchase Bills and payment proof duly certified by the Financial Institution in case of Bank Finance or C. A. in case of Self Finance.
 - b) Valid Consent for Operation (CFO) from APPCB/Acknowledgement from General Manager, District Industries Centre concerned on pollution angle.
 - c) All the required document as per Check-Slip at PART – C, for the first time of the claim.

9. RECOMMENDATION OF THE INSPECTING OFFICER:

(not to be filled by the Enterprise/Industry, to be filled by inspecting Officer)

a. Amount claimed in Rs. :

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

b. Amount recommended in Rs. :

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

The claim application of the captioned Enterprise/Industry is verified as per the operational guidelines. The Enterprise/Industry is eligible for availing incentives under IIPP 2010-15. The Enterprise/Industry did not add or removed any Plant & Machinery and there is no change of line of activity and capacity. Further, the Enterprise/Industry is in continuous operation, there is no break-in-production (if not the details of the break-in-production) and I recommend the above incentives to the captioned Enterprise/Industry.

Signature of Inspecting Officer with Name & Designation.

Remarks of the General Manager:

The applicant Enterprise/Industry is eligible for above incentives and the claim is in order. The computation of capital cost has been done as per the provisions under the scheme. I recommend for sanction of above incentives.

Signature of General Manager with Office Seal.

Note: This application form, if photo copied must be exactly as per original & it must be both sides of the page.

1.0. Details of Industry:

[illegible][illegible][illegible][illegible]

2.1 Office:

[illegible][illegible]

3.1 Category : (Pl. ✓ mark)

3.2. Constitution of the Organisation (Pl. ✓ mark)

Proprietary ☐ Partnership ☐ Pvt. Ltd. ☐ Limited ☐ Coop. ☐

3.3 Date of Commencement of Production:

(Date of Commencement of Production is the date of First Sale Bill/Invoice)

3.4 EM Part - II/IEM/IL No:

Date:

4. Status of the Industry: (Pl. ✓ mark)

New Industry ☐ Expansion ☐ Diversification ☐

5. Fixed Capital Investment(in Rs.)

Nature of Assets	New /Existing Enterprise	Expansion/ Diversification Project	% of increase under Expansion/ Diversification Project
(1)	(2)	(3)	(4)
Land			
Building			
Plant & Machinery			
Total			

(If it is a new enterprise/industry, then column (3) and (4) need not be filled and it may be strike off)

6. Line of Activity.

	Line of activity	Units i.e. Nos. / Tons/ Ltrs.	Capacity	Values in Rs.
New /Existing Enterprise				
Expansion/ Diversification Project				
% of increase under Expansion/ Diversification Project				

7. The industry/Enterprise are availed the training infrastructure of any Government agency like DRDA etc. ? Yes / No.

8. Name of the skill development Programme:

a) Copy of patent registration certificate and payment receipts.

- b) EM Part - II/IEM/IL full set.
- c) Form – C.
- d) All the required document as per Check-Slip at PART – C, for the first time of the claim.

13. RECOMMENDATION OF THE INSPECTING OFFICER:

(not to be filled by the Enterprise/Industry, to be filled by inspecting Officer)

a. Amount claimed in Rs. :

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

b. Amount recommended in Rs. :

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

The claim application of the captioned Enterprise/Industry is verified as per the operational guidelines. The Enterprise/Industry is eligible for availing incentives under IIPP 2010-15. The Enterprise/Industry did not add or removed any Plant & Machinery and there is no change of line of activity and capacity. Further, the Enterprise/Industry is in continuous operation, there is no break-in-production (if not the details of the break-in-production) and I recommend the above incentives to the captioned Enterprise/Industry.

Signature of Inspecting Officer with Name & Designation.

Remarks of the General Manager:

The applicant Enterprise/Industry is eligible for above incentives and the claim is in order. The computation of capital cost has been done as per the provisions under the scheme. I recommend for sanction of above incentives.

Signature of General Manager with Office Seal.

Note: This application form, if photo copied must be exactly as per original & it must be both sides of the page.

ANNEXURE: XV

(G.O.MS.No. INDUSTRIES & COMMERCE (IP) DEPARTMENT, DATED 05.05.2011)
**APPLICATION CUM VERIFICATION FOR SANCTION OF INDUSTRIAL
 INFRASTRUCTURE DEVELOPMENT FUND (IIDF) UNDER INDUSTRIAL
 INVESTMENT PROMOTION POLICY (IIPP) – 2010-2015 OF ANDHRA PRADESH**
 (G.O.Ms.No.61 Industries and Commerce (IP) Department., dated.29/06/2010)

1.0. Details of Industry:

1.1. Name of the Enterprise:

[illegible]

1.2 Name of the Proprietor/Managing Partner / Managing Director:

[illegible]

1.3 TIN No. of the Enterprise/Industry/ Proprietor / Managing Partner / Managing Director:

[illegible]

1.4	PAN No. of the Proprietor / Managing Partner / Managing Director:
-----	---

[illegible]

2.0.Address of the Enterprise:

2.1 Office:

[illegible]

2.2 Factory location:

[illegible]

3.0.Status:

3.1 Category : (Pl. ✓ mark)

Micro Enterprises ☐ Small Enterprises ☐ Medium Enterprises ☐ Large Industry ☐

3.2. Constitution of the Organisation (Pl. ✓ mark)

Proprietary ☐ Partnership ☐ Pvt. Ltd. ☐ Limited ☐ Coop. ☐

3.3 Status of the Industry: (Pl. ✓ mark)

New Industry ☐ Expansion ☐ Diversification ☐

3.4	Whether it is located in Industrial Area declared by the Government.	Yes / No.
3.5	Justification for the location of Enterprise/Industry, if it is located outside the Industrial Area declared by the Government.	

3.6 Date of Commencement of Production/Expected date of Commencement of Production :

3.7 EM Part – I/EM Part II /IEM/IL No:
Date:

4. Fixed Capital Investment(in Rs.)

Nature of Assets	New /Existing Enterprise	Expansion/ Diversification Project	% of increase under Expansion/ Diversification Project
(1)	(2)	(3)	(4)
Land			
Building			
Plant & Machinery			
Total			

(If it is a new enterprise/industry, then column (3) and (4) need not be filled and it may be strike off)

5. Line of Activity.

	Line of activity	Units i.e. Nos. / Tons/ Ltrs.	Capacity	Values in Rs.
New /Existing Enterprise				
Expansion/ Diversification Project				
% of increase under Expansion/ Diversification Project				

6. Expected Employment generation:

a) Management & Staff

Male (Nos.)		

Female (Nos.)		

b) Supervisory

c) Workers

7	Source of Finance	
8	Description of the infrastructure facilities required and its objective	
9	How the proposed infrastructure is critical to the Industrial Enterprise.	
10	Estimates of Infrastructure facilities and name of the Chartered Engineer/Agency who prepared the Estimates	
11	Duration of the Project	
12	Copy of the Project & its approval report	
13	Measures proposed to maintain the infrastructure created and its maintenance cost per annum.	

SIGNATURE OF THE APPLICANT
COMPANY/ENTERPRISE

Note: This application form, if photo copied must be exactly as per original & it must be both sides of the page.

APPLICATION-CUM-VERIFICATION FOR CLAIMING SUBSIDY UNDER INDUSTRIAL INVESTMENT PROMOTION POLICY (IIPP) 2010-2015 SCHEME OF ANDHRA PRADESH FOR SC/ST ENTREPRENEURS

To be filled by DIC / Commissionerate of Industries:

Date of receipt in DIC	
DIC File No.	
Date of receipt in Commissionerate	
Commissionerate File No.	

1.0 Details of Industry:

[illegible][illegible][illegible]

1.4 PAN No. of the Proprietor / Managing Partner / Managing Director:

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

2.0 Address of the Enterprise/Industry:

2.1 OFFICE

2.2 FACTORY LOCATION

3.0 STATUS

3.1 Constitution of the Organisation & Industry Status (Pl. ✓ mark)

Proprietary [] Partnership [] Pvt Ltd. [] Limited []

3.2 New Industry [] .

3.4 Expected date of commencement of production :

3.5 EM Part-I No & Date:
(Copy to be enclosed)

3.6 PAN Card No :-

- i) Proprietor /Managing Partner/Managing Director :-
 ii) Company :-

3.7 I.T Returns (Enclose 3 years returns):- YES/NO

4.0 Proposed Project details

4.1 New Enterprise/Industry

Line of activity	Units	Installed capacity	Value

4.2 Proposed fixed capital investment

(in Rs.)

Nature of Assets	Rs.
Land	
Building	
Plant & Machinery	
Erection Expenses	
Total	

5.0 Social Status (Pl. ✓ mark)

SC [] ST [] WOMEN [] Caste certificate

To be enclosed

If SC, ST& Women please indicate % share in the equity:

5.1 Details of the Director (s) /Partner(s) (Deed to be enclosed)

Name														Community	Share %
i)															
ii)															
iii)															
iv)															

6.0 POWER

6.1 Date of Application with APTRANSCO (copy of certificate to be
Enclosed)

6.2 Contracted load (KW /HP)

7.0 Implementation steps taken:

7.1 Project Finance:

7.2 Date of application for term loan:

7.3 Name of the Instn. (with Lead
institution in the event of joint

or consortium financing

7.4 Term Loan sanctioned reference No & Date
(copy to be enclosed)

8.0 Approved /Estimated Project cost, Term Loan, sanctioned and released, assets acquired etc.

	Name of asset	Approved Project cost	Loan Sanctioned	Equity From the promoters	Loan Amount released
	1	2	3	4	5
8.1	Land				
8.2	Building				
8.3	Plant & Machinery & Equipment				
8.4	Preliminary & Pre operative expenses				
8.5	Tech.know how /feasibility study /Turnkey charges				
8.6	Working capital				
8.7	Others				

	Total				
--	--------------	--	--	--	--

9.0 **Means of Finance**

9.1 Total Equity from Promoters /Share holders /Partners to be
brought in :Rs.

9.2 Own Capital:- Rs.

(Proof to be submitted)

9.3 Borrowed from out side:- Rs.

(Proof to be submitted)

10.00 **Term loan release statement** :- YES/NO

(to be enclosed)

11.00 **Registration with commercial taxes department:**

(copy to be enclosed)

VAT NO.

DATE

CST NO

DATE

Concerned authority : ACTO/CTO/DCTO/DY. COMMISSIONER

Address:

12.0 subsidy applied :-

12.1 Subsidy @50 % of the
 Promoters contribution (or) :

50% of the eligible investment

Subsidy

(Which ever is less) -----

Total**Rs.**

DECLARATION

- 13.1 I /We hereby confirm that the contents of the claim application are true to the best of my /our knowledge.
- 13.2 I /We abide by the provision under Industrial Investment Promotion Policy scheme 2010-2015 of State Incentives and further abide by the changes /modifications made by the State Government under G.O.Ms.No. 61, Industries & Commerce (IP) Department dt. 29-07-2010. I /We also abide by the decisions of Industries & Commerce Department.
- 13.3 I /We shall not change the location of the whole or part of the industrial Enterprise or effect any substantial contraction over disposal of substantial part of its total capital investment within a period of six (6) years after the Enterprise/Industry commences production.
- 13.4 I /We assure that the State Incentives (subsidy) applied for will be used solely for the development of the Enterprise/Industry and shall product utilization certificate to the District Industries Centre (DIC), within one year ; and furnish annual progress report and certified copy of audited accounts to the DIC for a period of seven (7) years.
- 13.5 If the amount of Subsidy are found to be disbursed in excess of the amount actually admissible whatsoever the reason, I / We hereby agree that I /We shall forthwith repay the amount released to me /us under the scheme.
- 13.6 I /We shall agree that apart from other consequences. I /We will forego the eligibility for the continuance of incentives and other financial concessions for further years if these incentives /financial concessions were obtained by misrepresentation of facts or in case of misutilisation. I /We not only agree to pay back these incentives /financial concessions but also authorize State Government to call back the same through summary proceedings under the provisions of R.R.Act, 1864.

Station

Signature of Authorised person

Date

With firm /office seal.

Signature of financial institution

With Office Seal.

Note: This application form, if photo copied must be exactly as per original & it must be both sides of the page.

CERTIFICATE

We confirm that M/s _____ has been sanctioned an amount of Rs. _____ (Rupees _____ only) vide sanction Lr.No. _____ dt. _____ Located at _____ for the line of activity _____ towards term loan and released an amount of Rs. _____ (Rupees _____) on Dt.-----for setting up the Enterprise/Industry. We agree to release the balance term loan along with subsidy to be released by the Commissioner of Industries, Hyderabad.

**Signature of financial institution
Authority /Manager**

Date:

With Office Seal.

Name:

Designation:

FOR OFFICIAL USE IN DIC OFFICE

PART – B1**VARIFICATION-CUM-RECOMMENDATION OF GM, DIC****FOR SUBSIDY**

(The Enterprise/Industry should be inspected by the General Manager along with concerned Officer only)

1.1 Name and address of the Industry:

1.2 Name and Designation of the Inspecting Officers :

i)

ii)

1.3 Date (s) of Inspection :

1.4 Person (from Industry) present

at the time of inspection :

2.0 **Project Details**

3.1 New Enterprise/Industry

Line of activity	Units	Installed capacity	Value

3.2 **Proposed fixed capital investment**

(in Rs.)

Nature of Assets	Rs.
Land	
Building	

Plant & Machinery	
Total	

3.3 Expected date of commencement of production

4.0 Proposed Project cost as per financial institution
sanction letter. :Rs.

5.0 Total Equity from Promoters /Share holders /Partners to be
brought in :Rs.

5.1 Own Capital:- Rs.

5.2 Borrowed from out side:- Rs.

6.0 As on the date of inspection,
the following effective steps
have been taken up by the entrepreneur:

a)

b)

c)

d)

e)

7.0 Recommended for sanction of Subsidy mentioned below, subject to produce the following approvals:

a)

b)

7.0 **Subsidy:**

7.1 Subsidy @50 % of the ..
Promoters contribution (or)
50% of the eligible investment
Subsidy.
(Which ever is less)

Total

::

Rs.

8.0 **Verification Certificate:**

Certified that the contents of the claim under Part-A and the document indicated in Part-C of this claim application are verified and found correct. Further certified that the fixed assets claimed for incentives are essentially required for carrying and the production in which the industry is engaged in.

The Enterprise/Industry has been inspected and work is in progress and recommending here with for the sanction of subsidy.

Signature of the Officer

District Industries Centre
Centre

Signature of General Manager,

District Industries

PART-C1**Documents to be enclosed by the applicant for sanction of eligible subsidy:**

1	Claim application form	Y/N
2	Caste Certificate issued by the concerned Mandal Revenue Officer	Y/N
3	Registered partnership Deed / Articles Association / Memorandum of Association in case of Pvt Ltd or Companies	Y/N
4	Detailed project Report issued by the Financial Institution / List of Plant and Machinery and equipment to be purchased with copies of quotations	Y/N
5	Advance Stamped Receipts paid to the suppliers, if any.	Y/N
6	Copy of approval of Factories Department	Y/N /N.A
7	Copy of approval of Town & Country Planning	Y/N /N.A
8	Copy of approval of Municipality /Gram Panchayat for establishment	Y/N
9	Consent for establishment from AP Pollution Control Board / General Manager, District Industries Centre Pollution Acknowledgement	Y/N

10	Consent for power from APTRANSCO	Y/N
11	EM Part – I	Y/N
12	Term Loan sanction letter issued by the Financial Institution.	Y/N
13	Regd.Land Sale Deed /Premises Lease Deed /Allotment letter from APIIC/Own land	Y/N
14	TIN No.	Y/N

TO BE FILLED ALONG WITH CLAIM FOR AIDED ENTERPRISES

STATEMENT OF ACCOUNTS IN RESPECT OF AIDED ENTERPRISES:

Date:

1.	Name & Address of the Enterprise :			
2.	Name & Address of the Financial Institution :			
3.	Term loan sanction :	Date of filling of application	Date of Sanction	Amount Sanctioned (in Rs.)
	1st Loan			
	2nd Loan			
	3rd Loan etc.			

4. Project cost, loan sanctions and release, assets acquired (in Rs.)

Nature of Asset	Approved Project Cost (Original)	Quantum of Loan Sanctioned	Institution Margin	Loan Received	Assets Acquired to the extent of Loan Released	Assets which form Part of approved Project Cost but loan was not drawn	Total acquired.
1	2	3	4	5	6	7	8
Land							
Buildings							
Plant & Machinery							
Machinery contingencies							
Erection							
Technical know-how, feasibility study							
Working capital							
Total							

5. If the Project cost is revised, the details. (in Rs.)

Nature of Asset	Revised Approved Project Cost	Addl. Part of Approved Project Cost	Quantum of Addl. Loan Sanctioned	Quantum of Addl. Loan Received	Proportionate Asset Acquired to the Addl. Loan Released	Assets which form Part of approved Project Cost but loan was not drawn	Total Assets acquired .
1	2	3	4	5	6	7	8
Land							
Buildings							
Plant & Machinery							
Machinery contingencies							
Erection							
Technical know-how, feasibility study,							
Working capital							
Total							

a) Name of the Certifying Officer :.....

b) Designation :.....

Signature of the Certifying Officer

Stamp with Designation

Bank Seal

TO BE FILLED ALONG WITH CLAIM FOR AIDED ENTERPRISES

LIST OF PLANT & MACHINERY

Statements on machinery including erection, freight transportation on which term loan was released and not utilised but they form part of approved project cost of M/s.

.....

.....

.....

Sl. No.	Name of the machine with Specifications	Date of Placement of Order	Name of the Supplier	Bill No. & Date	Amount of the bill including freight, insurance, taxes, etc. (in Rs.)

For self fabricated Machinery, certificate be affixed on the minimum life and cost reasonableness of each item with specification of such machinery.

This is to certify that from the above list of plant & machinery Sl. No. ____ to ____ are new and Sl.No.____ to ____ are second hand machinery

a) Name of the Certifying Officer :.....

b) Designation :.....

Signature of the Certifying Officer

Stamp with Designation

Bank/APSFC Seal**Certification**

- b) Verified Plant & Machinery, found to tally with the list, duly erected and put to use and is required for manufacturing the approved lines of activities.
- c) There are no second hand machinery items in the list.

Signature of Inspecting officers with designation and seal
TO BE FILLED WITH CLAIM APPLICATION BY ALL ENTERPRISES.

(CIVIL ENGINEER'S CERTIFICATE)

I hereby certify that M/s.
(Name of the industrial Enterprise with complete address)

as against the estimated cost of Rs. (Rupees.....
..... only) has completed the civil work

(address) as on
Under:-

1. Value of completed Civil works as per the estimate
(Item wise details) of the building and civil work
completed (With plinth area must be shown)
Rs.
 - a)
 - b)
 - c)
 - d)
2. Expenditure incurred on other items excluding the
item shown in (1) above pertaining to a factory
construction. Details of each item to be shown.
 - a)
 - b)
 - c)
 - d)

Total Rs.

Place :

Date :

Civil Engineer of the Financing Institution /
Chartered Engineer.

Note: In respect of Expansion / Diversification, the value of Civil works should be on the additional constructions taken up for the purpose of Expansion / Diversification only.

FORM - A
**APPLICATION-CUM CERTIFICATION OF SALES TAX DEPARTMENT SHOWING
 THE TAX PAID BY THE ENTERPRISE FOR AVAILING REIBURSEMENT UNDER
 INDUSTRIAL INVESTMENT PROMOTION POLICY (IIPP) – 2010-2015 OF ANDHRA
 PRADESH**

(G.O.Ms.No.61 Industries and Commerce (IP) Department., dated.29/06/2010)

YEAR – 201 – 201

To : The Commercial Tax Officer,

_____ (Address)

Sir,

I am to request you to Certify for reimbursement of 25% tax under the Industrial Investment Promotion Policy 2010-2015.

1. Name of the Enterprise/industry and Address :

.....

2. Name of the goods manufactured :

in Andhra Pradesh in his own Enterprise/industry.

3.	Item wise production details during the Year:	Units	Qty.
	a)		
	b)		
	c)		
	Total		

4. Sales Tax paid by the Enterprise/industry under the
Andhra Pradesh Sales Tax Act, for the year. : 201 -- 201

(a) Tax paid on sales by it in : Rs.
respect of goods manufactured (in figure)
by the Enterprise/industry in (Rupees.....)
Andhra Pradesh during the year (in words)

(b) Central Sales Tax paid by it on : Rs.
Sales in the course of inter (in figure)
State trade or commerce made (Rupees)
from within Andhra Pradesh during the year. (in words)

5. Name of the Bank with its branch :

Name and bank account No. through

Which the payment was made.

6. Registration Certificate No. of the :

Dealer under the Andhra Pradesh Sales

Tax Act. / the Central Sales Tax Act,

I duly verify that all the facts and figures furnished above are correct.

Station :
Date :

Signature of Authorised Person
with Firm /Office Seal.

(Proprietor/ Partner/Managing Director/ Director)

(Strike out whichever is not applicable)

CERTIFICATE

It is certified that all the facts and figures furnished by the Enterprise is verified with the records and found correct. The above Enterprise/industry has paid the Sales Tax amount of Rs._____ and also there is no due for the year – 201 – 201 .

Place:

Date:

COMMERCIAL TAX OFFICER
(concerned)
Office Seal.

Note: This application form, if photo copied must be exactly as per original & it must be both sides of the page.

FORM - B

FORMAT FOR SELF CERTIFICATION UNDER THE PROVISIONS OF
(G.O.Ms.No.61 Industries and Commerce (IP) Department., dated.29/06/2010)

1	Name of the Industrial Enterprise	
2	Location	

3	Part – II / IEM Acknowledgment/IL No. & Date			
4	Details of Power:			
	Existing Power connection in HP	New / additional power connection in HP	Date of new/addl. power connection released.	Name of the power supplying company.
5	Date of commencement of regular production			
6	Line of Activity			

CERTIFICATE

- i. Certified that we have complied / are complying with all the provisions of G.O.Ms.No.61 Industries and Commerce (IP) Department., dated.29/06/2010 made there under, in addition to those specifically mentioned above.
- ii. I/We hereby confirm that the contents mentioned above are true to the best of my / our knowledge.
- iii. I/We abide by the provisions under the Industrial Investment Promotion Policy of Govt. of Andhra Pradesh and further abide by the change/modifications made by the State Government under G.O.Ms.No.61 Industries and Commerce (IP) Department., dated.29/06/2010 and also abide by the decisions of Industries & Commerce Department.
- iv. I/We am/are authorized person(s) to issue the above Certificate and the above Certificate is issued with full knowledge of the Statue. I/We am/are jointly and severally responsible for any information found incorrect subsequently and liable for prosecution under the provisions Acts/Code and Rules.
- v. I/We undertake to Refund the concessions claimed if found were obtained by misrepresentation of facts or in case of misuse.

AUTHORISED SIGNATORY:

Name:.....

Designation:.....

Date:.....

Seal:.....

FORM – C

DETAILS OF THE EMPLOYEE

1. Name of the Enterprise:

[illegible]

2.Date of Commencement of Commercial Production:

1. Age

2. Social Status : SC/ST/Other Women/Women-SC/Women-ST

3. Local / Non local (District as an unit)

4. Educational Qualifications: ITI/Degree

5. Previous Experience

6. a) EPF No.

c) ESI No.

7. Date of Joining the Industry:

8. Training Period : From to

9.Expenditure incurred for Training:

10. Training Organisation :

11. Whether any Government funds availed the Organisation for this training purpose. If so, details

I have verified the above facts & certify that they are true and correct.

AUTHORISED SIGNATORY:

Name:.....

Designation:.....

Date:.....

Seal:.....

ADVANCED STAMPED RECEIPT

(Paras 21.3, 21.4 & 21.5 of Guidelines)

Received Rs. _____ (Rupees _____ only) towards
 _____ Sanctioned to M/s. _____ vide
 Proceedings No. _____ Date _____ of Additional Director of Industries /
 General Manager, DIC, _____ under the New Scheme of Industrial Investment Promotion
 Policy, vide G.O.Ms.No.61 Industries and Commerce (IP) Department., dated.29/06/2010 cheque
 No. _____ date. _____ from the M.D., APSFC with thanks.

Date :

Authorised Signatory.

Place:

(on Re. 1/- Revenue Stamp)

// Attested //

GENERAL MANAGER. DIC.

TO BE FILLED ON RECEIPT OF SANCTION PROCEEDINGS.

Assignment letter.

(Paras 21.3, 21.4 & 21.5 of Guidelines)

We wish to state that we have obtained bridge loan from _____
 _____ (Name of the Financial Institution / Bank) / Not obtained
 Bridge loan from any bank or financing Institution against the State Investment Subsidy sanctioned
 under G.O.Ms.No.61 Industries and Commerce (IP) Department., dated.29/06/2010. We have availed
 the term loan from _____ (Name of the Financial Institution / Bank). Kindly send the
 cheque towards payment of sanctioned _____, to us
 through _____ (Bank / Branch Name) for being credited to our account.

Date:

Authorised Signatory

Place:

(on Re.1/- Revenue Stamp)

// Attested //

GENERAL MANAGER. DIC.

UTILISATION CERTIFICATE

1. Name of the Enterprise/Industry with address :
2. EM Part – II / IEM/IL (Registration No. and Date) :
3. Type of sanctioned incentives/concessions :
4. Proceedings No.:

Date :

Amount in Rs. :

5 _____ sanctioned received Cheque No. :

Date :

Amount:

Certified that the said _____incentives/concessions received by us has been fully utilised for the purpose for which it was sanctioned towards the development of the enterprise/industry as detailed below.

	Purpose	Amount utilised
1.		
2.		
3.		

Signature of the Authorised Person with the
Firm/Office Seal.

ACKNOWLEDGMENT:

Received Incentives claim Application from

M/s.....

.....

.....

.....Datedon.....

Receiver's Signature with Date stamp of DIC.

(Para 5.11.0 of Guidelines Certificate Term Loan)

CERTIFICATE FOR TERM LOAN

It is certify that ----- the Micro/Small Enterprise (industrial Enterprise) is engaged in the manufacture of "-----" have been sanctioned Rs.----- Vide Sanction letter no. --- ----- and ----- as Term Loan with Loan Account No.-----
----- The Enterprise has repaid principal amount together with Interest as detailed below.

Details of disbursements against the sanctioned loan.

Sl.No.	Date of Disbursements		Amount Disbursed						
1									
2									
3									
4									
Total Amount Disbursed Rs.									
<u>Payment of Interest</u>									
Term Loan	Total Amount disbursed in Rs.	Rate of Interest	No. of Installments fixed for Repayment	Due date of installment of principal amount.	Amount of the installment of principal amount become due in Rs.	Interest chargeable on the due date of the installment of principal amount (interest against each	Sl.No. of installment	Date of payment of Principal Amount	Principal Amount paid in Rs.

						installment of be shown separately)				
1	2	3	4	5	6	7	8	9	10	
1							1			
2							2			
3							3			
4							4			

1. This is a new Enterprise with the EM No. _____, Date _____ an date of Commencement of Commence

2. Certified that more than 75% of the plant and machinery is new and not second hand.

3. Penal interest is excluded and the Enterprise is paying regularly the interest as well as principal amount

4. Reimbursement of interest will be eligible from the date of commencement of commercial production.

5. Certified that the interest shown under the demand column is calculated on the principal amount due only but not on loan includes interest not paid on due dates and added to the loan account i.e., compound interest in affect was not resulted interest/principal on due date(s) while calculating the interest.

6. The following condition has been taken into consideration while arriving the interest period paid :

" The loan accounts that are classified as overdue in the books of the bank at time of half yearly closing and that which are assets at year end closing are ineligible. However, if they on-time repayments and regularize the arrears they are eligible half yearly period."

a) Name of the Certifying Officer :.....

b) Designation :.....