

Application form for Claim under Scheme for Capital Subsidy to Large Industries and Thrust Sector

(Ref. Government Resolution No. MIS-102020-327024-I dated.01/09/2020)

Claim Period – From date _____ to Date _____

1.	Details of Industrial undertaking		
1.1	Name of the Industrial Undertaking	:	
1.2	Location of the Project Survey No./ Plot No. Village Taluka District	:	
1.3	Constitution of Industrial undertaking (Public Ltd./ Pvt. Ltd./ Partnership firm / Co-operative society / proprietorship / Trust)	:	
1.4	Details of Designated Contact Person: Name Tel. no. Mobile No. E-mail ID	:	
1.5	Category of Taluka of the project location	:	Cat I / Cat II / Cat III
1.6	Project Type (New / Expansion / Diversification)	:	
1.7	Category of Industrial Undertaking	:	MSME / Large
1.8	Registration Certificate No and Date	:	
1.9	Provisional Eligibility Certificate No. and Date	:	
1.10	Eligible Fixed Capital Investment as per PEC	:	
1.11	Final Eligibility Certificate No. and Date	:	
1.12	Eligible Fixed Capital Investment as per FEC	:	
1.13	Eligible Incentive Period	:	

2.	Product Details					
2.1	Manufacturing Sector and its Subsector			:	Sector - Thrust / General Sector Sub Sector -	
2.2	Items of manufacture & its Installed Capacity:					
	No.	Name of Product		Annual Installed Capacity (with Unit)		
2.3	Date of Commencement of Commercial Production			:		
2.4	Details of Production, Sale and Power Consumption:					
	Month	Production (with Unit)			Sale (in Rs.)	Power Consumption (in kWh)
		Product – 1	Product – 2	Product -3		
	TOTAL					
2.5	Details of Product-wise Production for Last Three Years from Claim Period:					
	Year	Production (with Unit)			TOTAL	
		Product – 1	Product – 2	Product -3		
	Average					

3.	Claim Details											
3.1	Claim Period				:							
3.2	Claim Amount				:							
3.3	Details of Actual Employment: (As per last month attendance register) Month - _____ /20____											
	No	Category	Local			Outside			Total			% of Local Employment
			Male	Female	Total	Male	Female	Total	Male	Female	Total	
	1	Manager/ Supervisor										
	2	Workers - Direct										
	3	Workers- On Contract										
	Total											
3.4	Bank Account Details (For Disbursement)											
	a. Name of Bank				:							
	b. Address of Bank				:							
	c. IFSC Code of Bank				:							
	d. Bank Account Number				:							
Declaration: 1. I / We hereby confirm that to the best of our knowledge and belief, information given herein and other documents 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 released 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. 2. I/We hereby confirm that, we employ persons domiciled in Gujarat to the extent of at least 85% of its total number of employees & persons domiciled in Gujarat in managerial and supervisory capacity of at least 60%, subject to the employing at least 85% of the total number of employees from persons domiciled in Gujarat. I/We hereby confirm that, we will submit a list of persons employed and such other information required for verification of having satisfied the employment condition.												

3. I/We hereby declare that we have read the Government Resolution No. MIS-102020-327024-I dated.01/09/2020. I/We undertake to comply all the conditions stipulated therein to avail incentives mentioned in the resolutions.
4. I/We hereby declare that the details given above are true & correct, if any of the information is found to be incorrect and not fulfilling the provisions laid down in the above resolutions, the Incentives are liable to be recovered.

Place:

Date:

Company Seal

Applicant's signature

Name:

Designation:

CHECKLIST - Claim

No.	Particulars
1.	Application form for Registration duly filled, stamped and signed by authorized signatory.
2.	Employment Statement for the Last Month of the claim Period in Prescribed Format
3.	Copy of Attendance Register or Salary Register of Last Month of Claim Period
4.	Copy of Raw Material Purchase Bill of Last Month of Claim Period
5.	Copy of Sale Bill of Last Month of Claim Period
6.	Copy of Electricity Bill of Last Month of Claim Period
7.	Valid Insurance Policy
8.	Valid GPCB CCA (if Applicable)
9.	Copy of Authority Letter duly certified with Board Resolution, Directors / Partners / Owner in case of authorized signatory is not an owner of the firm.

All Submitted documents along with the application form should be duly certified by proprietor/partner/director/Power of Attorney holder.