

Application for EPF Reimbursement under Aatmanirbhar Gujarat Scheme for Assistance to Large Industries and Thrust Sector

(Ref. Government Resolution No. MIS-102022-1271(2)-I dated.05/10/2022)

Claim Period – From date _____ to Date _____ (Quarter Basis)

Details of Applicant Undertaking					
1.	Name of Industrial Undertaking				
2.	Location of the Project Survey No./ Plot No. Village Taluka District				
3.	Category of Taluka	Cat.I / Cat II / Cat.III			
4.	GST Registration No.				
5.	Provisional Eligibility Certificate No.& Date:				
	Eligible Incentive Period for EPF Reimbursement:	From to			
6.	Final Eligibility Certificate No. & Date (<i>as applicable</i>)				
	Eligible Incentive Period for EPF Reimbursement:	From to			
7.	Category of Project	New / Expansion / Diversification			
8.	GPCB Approval No and Date	No. – Date – Validity –			
Project Details					
9.	Manufacturing Product/s				
10.	Eligible Product as per Provisional / Final Eligibility Certificate	No	Product	Installed Capacity	
11.	Date of Commencement of Commercial Production:				
12.	Details of Product-wise Production for each financial year from commencement of project till claim period:				
	Year	Production (with Unit)			TOTAL
		Product – 1	Product – 2	Product -3	

13.	Details of Sale and Power Consumption:										
	Month	Sale (in Quantity)	Sale (in Rs.)	Power Consumption (in kWh)	Power Consumption (in Rs.)						
	TOTAL										

14.	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											

Claim Details											
15.	Claim Period					Fromto					

16.	EPF Payment Details										
	Month	TRRN No	Total Employees			Employer's Contribution (in Rs.)			Employee's Contribution (in Rs.)		
	TOTAL										

17.	Details of New Employees* joined the Industrial Undertaking –										
	No.	Particulars	Count	Employer's EPF Contribution (in Rs.)			Employee's EPF Contribution (in Rs.)				
	A	New Employees joined Industrial Undertaking									
	1	Before Claim Period									
	2	During Claim Period									
	Sub Total A										

	B	Employees joined Industrial Undertaking having Existing UAN			
	A + B	Total Employees Enrolled under EPF**			
	Remark				
	<i>*New Employee means such employee, who did not have a Universal Account Number (UAN) prior to joining the eligible industrial undertaking</i> <i>**Total EPF Payment in (17) should be same as amount in (16); if any discrepancy please mention reasons under Remarks.</i>				
18.	Claim Amount		Rs.		

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 asked 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, I/we have not availed EPF reimbursement under any scheme of the central / state government, or any agency of the central/ state government.
3. I/We hereby confirm that, I/we have claim for incentives for first time registered Employees with EPF authority and domicile of Gujarat and on direct payroll of the company.
4. 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.
5. I/We hereby declare that we have read the Government Resolution No: MIS-102022-1271(2)-I dated.05/10/2022.
6. I/We undertake to comply all the conditions stipulated therein to avail incentives mentioned in the above resolutions.
7. 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:

Name and Signature

Date:

Firm / Office Seal

CHECKLIST

Claim for EPF Reimbursement

No.	Particulars
1.	Application form for Claim of EPF Reimbursement duly filled, stamped and signed by authorized signatory.
2.	Proof of new UAN account for each employee for whom the assistance is to be claimed (one time for every unique UAN)
3.	Provisional Eligibility Certificate issued under the Scheme (If Applicable)
4.	Final Eligibility Certificate issued under the Scheme (If Applicable)
5.	Salary Slip of all Employees for which EPF Reimbursement Claimed
6.	Payments proof of EPF (EPF Challan with Payment Receipt)
7.	CA Certified details of Claim Amount in prescribed format. (Annexure A)
8.	Copy of Bank Statement for salary payment
9.	Affidavit in prescribed format (Annexure B)
10.	Valid CCA from G.P.C.B. (If applicable)
11.	Details of Apprentice (If applicable)
12.	Attendance / Salary Register for the Last Month of Claim Period
13.	Employment Summary and Statement for the Last Month of the claim Period (in Prescribed Format)
14.	Authority Letter duly certified with Board Resolution, Directors / Partners / Owner. (Authorised Person should be any Director/Partner/at-least Employee of the Company)
15.	CA Certificate for Utilization of Installed Capacity for Financial Year covering Claim Period. (<i>In prescribed format – Applicable after completion of three years from the last date of eligible investment period as defined in GR</i>)
16.	PAN Card
17.	Cancelled Cheque

Annexure – A

Claim Period - _____ to _____

(Amount in Rs.)

No	Name of Employee	UAN No.	UAN Generation Date	Basic Salary	DA (Dearness Allowance)	RA (Retaining Allowance)	Total	Applicable EPF	EPF Paid	Employees' Contribution	Employers' Contribution	EPF Reimbursement	
												12% of H	Min (M, 1800)
A	B	C	D	E	F	G	H	I	J	K	L	M	N
1													
2													
3													
TOTAL													

- I solemnly affirm that, the above contents to be true and correct, if any of the information is found to be incorrect and not fulfilling provisions laid down in the Government Resolution No. MIS-102022-1271(2)-I dated.05/10/2022, Registration / PEC / FEC Incentives are liable to be cancelled and Ms. _____ is bound to repay the entire amount of incentive which was availed by us along with interest.
- I/We hereby confirm that, Ms. _____ has claimed for incentives for first time registered Employees with EPF authority and domicile of Gujarat and on direct payroll of the company.
- I/We hereby confirm that, Ms. _____ has not availed EPF reimbursement under any scheme of the central / state government, or any agency of the central/ state government.
- I/We hereby confirm that, Ms. _____ has complied all the conditions stipulated therein to avail incentives mentioned in the above resolutions.
- I further certify that if any information furnished is wrong and assistance for EPF Reimbursement to that extent is claimed in excess then M/s. _____ is liable to refund the same along with interest @ 18% p.a.

Date:

Place:

Membership No.

Signature and Seal of

Chartered Accountant

UDI No.

Annexure – B
(For Each Claim Quarter)

AFFIDAVIT
(On Non – judicial stamp paper of Rs. 300 /- or more & duly Notarized)

I, _____, Director of M/s. _____ having our factory located at _____ Dist _____ do here by declare on solemn affirmation the following facts.

6. Our above stated unit which is situated at village _____, Taluka _____ has provided employment for month of ____/20____ as following table.

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											

7. We have read the Government Resolution number G.R. No. MIS-102022-1271(2)-I dated.05/10/2022. Accordingly, we have provided employment to local persons @ 85% of total numbers of employees domiciled in Gujarat and also the criteria of 60% in managerial and supervisor category domiciled in the State of Gujarat is being fulfilled. Also, we undertake to maintain the stipulated ratio in future also.
8. Organization has not obtained / applied for or will not obtain any grant/subsidy from any Ministry / Department / Organization /Agencies of State Government for the same purpose / activity /on the same components.
9. I/We hereby confirm that, I/we have not availed EPF reimbursement under any scheme of the Central / State Government, or any other agency of the Central / State Government.
- 10.I/We hereby confirm that, I/we have claim for incentives for first time registered New Employees with EPF authority who did not have a Universal Account Number (UAN) prior to joining the applied Industrial Undertaking

M/s_____ and domicile of Gujarat as well as on direct payroll of the company.

The claim amount @100% of Employers' Contribution during _____ to_____ is of Rs. _____

11. That I solemnly affirm the above contents to be true and correct, if any of the information is found to be incorrect and not fulfilling provisions laid down in the Government Resolution No. MIS-102022-1271(2)-I dated.05/10/2022, Registration / PEC / FEC Incentives are liable to be cancelled and I / We am / are bound to repay the entire amount of incentive which was availed by us along with interest.
12. I/We confirm that I/We have paid all Government dues and no such dues are outstanding.
13. I am aware that making a false affidavit is a crime and it is punishable.

Place :

Date :

Applicant's Signature

Name :

Designation:

Annexure – G
(Certificate for Utilization of Installed Capacity)

TO WHOSOEVER THIS MAY CONCERN

We hereby certify that we have verified the records of M/s. _____ located at _____ having manufacturing facility to Manufacture Products - _____

The Industrial Undertaking has been Granted Provisional / Final Eligibility Certificate for Manufacturing of following products with its installed capacity as mentioned as below –

No	Product	Installed Capacity
Total		

The Utilization of Installed Capacity of Industrial Undertaking are as per following table -

Financial Year	Production (with Unit)			TOTAL	Actual Utilization against Installed Capacity (in %)
	Product – 1*	Product – 2*	Product -3*		

I have personally verified and certified all above details and hereby certify that all the details furnished above are found true. I further certify that if any information furnished is wrong and assistance for SGST concession to that extent is claimed in excess, then M/s. _____ is liable to refund the same along with interest @ 18% p.a. I also confirm that if any information / data is changed later and it results into excess claim of incentive, then M/s. _____ is liable to refund the same on immediate basis.

Date:
Place:

Signature and Seal of
Chartered Engineer

UDI No.

Note – Applicable after completion of three years from the last date of eligible investment period as defined in GR.

Month - _____/20____

[illegible]

*On the company's letter pad

[illegible]