

Application for Net SGST 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:			
	Eligibility Amount <i>(Please mention yearly max. capped amount for Net SGST reimbursement as mentioned in certificate)</i>	Rs.		
	Eligible Incentive Period for Net SGST Reimbursement:	From to		
6.	Final Eligibility Certificate No.& Date:(as applicable)			
	Eligibility Amount <i>(Please mention yearly max. capped amount for Net SGST reimbursement as mentioned in certificate)</i>	Rs.		
	Eligible Incentive Period for Net SGST 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 1	Product 2	Installed Capacity 3
11.	Date of Commencement of Commercial Production:			

12.	Details of Product-wise Production for each financial year from commencement of project till claim period: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th rowspan="2">Year</th> <th colspan="3">Production (with Unit)</th> <th rowspan="2">TOTAL</th> </tr> <tr> <th>Product – 1</th> <th>Product – 2</th> <th>Product -3</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											Year	Production (with Unit)			TOTAL	Product – 1	Product – 2	Product -3																																																													
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	Product – 1	Product – 2	Product -3																																																																													
13.	Details of Sale and Power Consumption: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Month</th> <th>Sale (in Quantity)</th> <th>Sale (in Rs.)</th> <th>Power Consumption (in kWh)</th> <th>Power Consumption (in Rs.)</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td>TOTAL</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>											Month	Sale (in Quantity)	Sale (in Rs.)	Power Consumption (in kWh)	Power Consumption (in Rs.)																TOTAL																																																
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14.	Details of Actual Employment: (As per last month attendance register) Month - ____/20____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th rowspan="2">No</th> <th rowspan="2">Category</th> <th colspan="3">Local</th> <th colspan="3">Outside</th> <th colspan="3">Total</th> <th rowspan="2">% of Local Employment</th> </tr> <tr> <th>Male</th> <th>Female</th> <th>Total</th> <th>Male</th> <th>Female</th> <th>Total</th> <th>Male</th> <th>Female</th> <th>Total</th> </tr> <tr> <td>1</td> <td>Manager/ Supervisor</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>2</td> <td>Workers - Direct</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>3</td> <td>Workers- On Contract</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="2">Total</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </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											
No	Category	Local			Outside			Total			% of Local Employment																																																																					
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Total																																																																																
Claim Details																																																																																
15.	Claim period:					Fromto																																																																										
16.	Whether the applicant Industrial Undertaking and/or its subsidiary company manufactures same item at one or more units at any location in the state – Yes / No If Yes, <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Sr. No</th> <th>Location of these unit</th> <th>Item Manufactured</th> <th>Installed Capacity</th> </tr> <tr><td>1.</td><td> </td><td> </td><td> </td></tr> <tr><td>2.</td><td> </td><td> </td><td> </td></tr> <tr><td>3.</td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="3">Total</td> <td> </td> </tr> </table>											Sr. No	Location of these unit	Item Manufactured	Installed Capacity	1.				2.				3.				Total																																																				
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17.	Details of SGST Reimbursement to be availed						
S. No	Month	Output SGST Payable (in Rs.)	Input Credit Adjusted (in Rs.)	Net SGST payable (in Rs.)	Net SGST Paid in Cash (in Rs.)	Considerable amount for claim (in Rs.)	Amount to be Reimbursed as per G.R. (in Rs.)
1.							
2.							
3.							
Total							

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 are claiming the Incentives only for eligible goods manufactured in the eligible unit under the scheme for Incentive to Industries. we are not claiming the Incentives on the resale of goods.
3. I/We hereby confirm that, we are not claiming any inter-State sales as intra-State sales through intermediary / Marketing network / or any other middle man, which is directly or indirectly controlled by us.
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:

Date:

Name and Signature

Firm/Office Seal

CHECKLIST
Claim for Net SGST Reimbursement

No.	Particulars
1.	Application form for Claim of Net SGST Reimbursement duly filled, stamped and signed by authorized signatory.
2.	Registration Under the Scheme
3.	Provisional Eligibility Certificate Under the Scheme
4.	Final Eligibility Certificate Under the Scheme
5.	GST Registration with all Annexures
6.	Certificate as per Annexure A (A1 to A4) duly signed by the authorised person of the unit and certified by Chartered Accountant
7.	Details of Sales and Purchase for the Period of Claim duly certified by Chartered Accountant (Annexure B)
8.	Affidavit (in Prescribed format as per Annexure C) To be submitted with only first claim
9.	Affidavit (in Prescribed format as per Annexure D) To be submitted with every claim
10.	CA Certificate for the claim period (in Prescribed format as per Annexure E)
11.	CA Certified Credit Ledger Balance from Common portal of GST for the applied quarter
12.	CA Certified Cash ledger from Common portal of GST for the applied quarter
13.	GSTR-3B form duly signed and stamped by concerned Commercial Tax Officer
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.	Attendance / Salary Register for the Last Month of Claim Period
16.	Employment Statement for the Last Month of the claim Period in Prescribed Format
17.	Details of Apprentice (If applicable)
18.	Purchase bill and Sale bill for the month of Claim Period
19.	Valid Insurance Policy for Fixed Assets
20.	IEM Part-B / IL /LOP To be submitted with first claim only
21.	Valid CCA obtained from GPCB (if applicable)
22.	Annual Audit Report for the applied Claim Period (in case of last quarter of Financial year.)
23.	CA Certificate for Turnover of Eligible Products in prescribed format (In case of Expansion Only)

24.	C.A. Certificate for Gross Fixed Capital Investment (In case of Expansion Only) To be submitted with first claim only
25.	Chartered Engineer Certificate regarding Existing Installed Capacity and Actual Installed Capacity of expansion Project (In case of Expansion Only) To be submitted with first claim only
26.	Details of Outward Supply (Sales Register) in Prescribed Format
27.	PAN Card
28.	Cancelled Cheque
29.	Annual Returns GSTR – 9 and GSTR – 9C (if Applicable)
30.	Affidavit in case of last quarter of Financial year
31.	CA Certificate for Related Party Transaction (<i>In prescribed format as per Annexure F</i>)
32.	CE Certificate for Utilization of Installed Capacity for Financial Year covering Claim Period. (<i>In prescribed format as per Annexure G – Applicable after completion of three years from the last date of eligible investment period as defined in GR</i>)

Annexure A-1 (Output Liability)

Details of Outward Supplies On supply of goods during the quarter

Unit Name :

Location of the Incentivised Unit :

GST No.

Eligible Products/Goods –

Claim Quarter -

(In Rs.)

Sr No	Type Outward Supplies	Inter-state supply		Intra-state supply	
		Total taxable value	Integrated tax	Total taxable value	State tax
A1	Outward taxable supplies of eligible goods (other than zero rated, nil rated and exempted)				
B1	Export of eligible goods with payment of IGST				
C1	Supplies of eligible goods to special economic zone developer or a special economic zone unit with payment of IGST				
D1	Export of eligible goods without payment of IGST				
E1	Supplies of eligible goods to a special economic zone developer or a special economic zone unit without payment of IGST				
F1	Total				
G1	Total output SGST of Eligible goods of Eligible Unit				
H1a	Ineligible Outward Supplies of Ineligible goods of Eligible Unit				
H1b	Ineligible Outward Supplies of Ineligible Unit/s				
H1	Total Outward Supplies of Ineligible goods and Ineligible Unit/s (H1a+ H1b)				
I1	Total (output as per GST return)				

Signature of Authorised Person
(Proprietor/MD/Director/Partner)

Certified by Chartered Accountant or
Statutory Auditor

Annexure A-2 (ITC)

Details of Total Available ITC for inward supplies during the quarter

Claim Quarter -

Unit Name :

GST No. :

(In Rs.)

Sr No	ITC available	Inter-state supply		Intra-state supply	
		Total taxable value	Integrated tax	Total taxable value	State tax
A2	(1) Import of goods				
	(2) Import of services				
	(3) Inward supplies liable to reverse charge				
	(4) Inward supplies from ISD				
	(5) All other ITC of Goods and Services				
	Total (A2)				
B2	ITC reversed for eligible goods	Total taxable value	Integrated Tax	Total taxable value	State tax
	(1) As per Rule 42 of CGST Rules				
	(2) Others				
	Total (B2)				
C2	Ineligible ITC for eligible goods	Total taxable value	Integrated Tax	Total taxable value	State tax
	(1) As per Section 17(5)				
	(2) Others				
	Total (C2)				
D2	Available ITC on inward supply of goods (D2=A2-B2-C2)				

Signature of Authorised Person
(Proprietor/MD/Director/Partner)

Certified by Chartered Accountant or
Statutory Auditor

Annexure A-3

Utilization of Total Available ITC during quarter

Claim Quarter -

Unit Name :

GST No. :

(In Rs.)

Sr No	Utilisation of ITC	Integrated tax	State tax	Central tax
A3	Opening balance of available ITC i.e. at the beginning of the quarter (same as closing balance in credit ledger of earlier tax period)			
B3	Available ITC on inward supply of goods (As per D2 of Ann.A-2)			
C3	Total ITC Available for utilisation during the quarter (C3=A3+B3)			
D3	ITC adjusted toward Outward IGST			
E3	ITC adjusted toward Outward SGST			
F3	ITC adjusted toward Outward CGST			
G3	Closing Balance of Available ITC (G3=C3-D3-E3-F3) (Should match with closing balance in credit ledger at end of Quarter)			

Signature of Authorised Person
(Proprietor/MD/Director/Partner)

Certified by Chartered Accountant or
Statutory Auditor

Annexure A-4
Calculation of the amount of Re-imbursement for the quarter

Unit Name :

Location of the Incentivised Unit :

GST No.

Name Eligible Products/Goods :

Claim Quarter –

Sr No	Details	Eligible Unit		*Ineligible Unit/s	Total
		Eligible Goods	Ineligible Goods		
A4	Total SGST Liability of Outward Supplies	G1	H1a	H1b	I1
B4	Adjustment of - IGST ITC (as per E3 of Ann.A-3)				E3
C4	Adjustment of - SGST ITC (as per E3 of Ann.A-3)				E3
D4	Balance Output SGST liability (D4=A4 - B4 - C4)				
E4	SGST Paid as per cash ledger against net output SGST liability (against D4) (Total should match with Cash paid as per Cash ledger)				
F4	Eligible Cash paid for Eligible Goods	E4			

I hereby solemnly affirm and declare that information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed there from

Date:

Place:

Signature of Authorised Person

(Proprietor/MD/Director/Partner)

Certified by Chartered Accountant or
Statutory Auditor

Annexures – B: Details of Sale & Purchase

The applicant unit claiming SGST Reimbursement has to submit the details of sale and purchase during the quarter in prescribed format which are as under:

B1: Inward Supplies purchased by the industrial unit.

Unit Name :

GST No.

Claim Quarter –

Table Format B1: Purchase of input items : Raw Materials

Name of Raw Materials :

Sr. No.	Month	Within Gujarat					Outside Gujarat				Import			
		Quantity	Basic Price (Rs)	SGST (Rs)	CGST (Rs)	Total (Rs)	Quantity	Basic Price (Rs)	IGST (Rs)	Total (Rs)	Quantity	Basic Price (Rs)	IGST (Rs)	Total (Rs)
1														
2														
3														
Total														

Table Format B1: Inward supplies liable to reverse Charge

Sr. No.	Month	Within Gujarat					Outside Gujarat				Import			
		Quantity	Basic Price (Rs)	SGST (Rs)	CGST (Rs)	Total (Rs)	Quantity	Basic Price (Rs)	IGST (Rs)	Total (Rs)	Quantity	Basic Price (Rs)	IGST (Rs)	Total (Rs)
1														
2														
3														
Total														

(Continue.)

Table Format B1: Capital Goods Purchased

Sr. No.	Month	Within Gujarat					Outside Gujarat				Import			
		Quantity	Basic Price (Rs)	SGST (Rs)	CGST (Rs)	Total (Rs)	Quantity	Basic Price (Rs)	IGST (Rs)	Total (Rs)	Quantity	Basic Price (Rs)	IGST (Rs)	Total (Rs)
1														
2														
3														
Total														

Table Format B1: Purchase of Input Items for Trading/ Other

Sr. No.	Month	Within Gujarat					Outside Gujarat				Import			
		Quantity	Basic Price (Rs)	SGST (Rs)	CGST (Rs)	Total (Rs)	Quantity	Basic Price (Rs)	IGST (Rs)	Total (Rs)	Quantity	Basic Price (Rs)	IGST (Rs)	Total (Rs)
1														
2														
3														
Total														

Grand Total														
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- Note: 1. Quantity of item to be specified in relevant units of measurement.
2. The details are to be given month-wise for the applied claim period.
3. Give Separate Table for Each Item, with Grand total of all inward supply in attachment.
4. The Chartered Accountant or Goods & Service Tax Auditor to reconcile and certify the above details with UDIN.
5. All The details must be duly verified, stamped and signed by Chartered Accountant or Tax Auditor and Authorized person of the eligible unit.
6. For any wrong or Malafide certification will be viewed seriously and appropriate legal actions will be taken up against such person/ Firms/ Company
7. Details are to be given as per GSTR-1 & 2A

B2: Output of eligible product/s (Manufactured by Incentivised Unit only)

Table Format B2: Sale of eligible product/s

Name of eligible Products : (Mentioned Name of Product)

Claim Quarter –

Manufactured at unit location : (Give Address)

(Amount in Rs.)

Sr. No.	Month	Within Gujarat					Outside Gujarat				Export			
		Quantity (Unit)	Basic Price (Rs)	SGST (Rs)	CGST (Rs)	Total (Rs)	Quantity (Unit)	Basic Price (Rs)	IGST (Rs)	Total (Rs)	Quantity (Unit)	Basic Price (Rs)	IGST (Rs)	Total (Rs)
1.														
2.														
3.														
Total														

- Note: 1. Quantity of item to be specified in relevant units of measurement.
2. The details are to be given month-wise for the applied claim period.
3. Give Separate Table format for Each Item of eligible product in attachment
4. The Chartered Accountant or Goods & Service Tax Auditor to reconcile and certify the above details with UDIN.
5. All The details must be duly verified, stamped and signed by Chartered Accountant or Tax Auditor and Authorized person of the eligible unit.
6. For any wrong or Malafide certification will be viewed seriously and appropriate legal actions will be taken up against such person/ Firms/ Company

B3: Output of Other Ineligible product/s of Eligible Unit

Claim Quarter –

Table Format B3: Sale of Ineligible product/s of Eligible Unit : (Mentioned Name of Product)

[illegible]

Table Format B3: Sale of other product/s of Eligible Unit : (Sale of rejected raw materials/Scrap)

[illegible]

Table Format B3: Trading

[illegible][illegible]

-
- Note:
1. Quantity of item to be specified in relevant units of measurement.
 2. The details are to be given month-wise for the applied claim period.
 3. Give Separate Table format for Each Item in attachment, if required.
 4. Please note to include the details of **Sale of Ineligible Product/rejected raw materials/trading/Scrap**, if any in separate table
 5. The Chartered Accountant or Goods & Service Tax Auditor to reconcile and certify the above details with UDIN.
 6. All The details must be duly verified, stamped and signed by Chartered Accountant or Tax Auditor and Authorized person of the eligible unit.
 7. For any wrong or Malafide certification will be viewed seriously and appropriate legal actions will be taken up against such person/
Firms/ Company
-

B4: Output of Other Ineligible Unit/s**Claim Quarter –**

Table Format B4: *Sale of Product Manufactured by Non-Incentivised Unit located at – (Give Address) (If Applicable)
(Mentioned Name of Product)

Sr. No.	Month	Within Gujarat					Outside Gujarat				Export			
		Quantity (Unit)	Basic Price (Rs)	SGST (Rs)	CGST (Rs)	Total (Rs)	Quantity (Unit)	Basic Price (Rs)	IGST (Rs)	Total (Rs)	Quantity (Unit)	Basic Price (Rs)	IGST (Rs)	Total (Rs)
1.														
2														
3.														
Total														

***Please add same table in case of more than one Non-Incentivised unit/s are there.**

Grand Total														
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- Note:
- Quantity of item to be specified in relevant units of measurement.
 - The details are to be given month-wise for the applied claim period.
 - Give Separate Table format for Each Item in attachment, if required.
 - The Chartered Accountant or Goods & Service Tax Auditor to reconcile and certify the above details with UDIN.
 - All The details must be duly verified, stamped and signed by Chartered Accountant or Tax Auditor and Authorized person of the eligible unit.
 - For any wrong or malafide certification will be viewed seriously and appropriate legal actions will be taken up against such person/ Firms/ Company

Statement Showing invoice wise details of sales of Eligible Products/goods**Manufactured at Incentivised unit made within Gujarat during the claim period**

Name of Eligible Products :.....

Claim Quarter :

Sr. no.	Invoice No.	Invoice Date	Product Name	HSN Code	Customer Name	GSTIN of Customer	Place of Supply (Location Details)	Taxable Value	SGS T	CGS T	Total Value
Grand Total											

Note: To be Furnished Quarterly (Mention Grand Total with Month Wise Subtotal of amount also)**Statement Showing invoice wise details of Trading Purchase (If Any)**

Claim Quarter :

Sr. no.	Invoice No.	Invoice Date	Product Name	HSN Code	Customer Name	GSTIN of Customer	Place of Supply (Location Details)	Taxable Value	SGS T	CGS T	Total Value
Grand Total											

Note: To be Furnished Quarterly (Mention Grand Total with Month wise Subtotal of amount also)**Statement Showing invoice wise details of Trading Sale (If Any)**

Claim Quarter :

Sr. no.	Invoice No.	Invoice Date	Product Name	HSN Code	Customer Name	GSTIN of Customer	Place of Supply (Location Details)	Taxable Value	SGS T	CGS T	Total Value
Grand Total											

Note: To be Furnished Quarterly (Mention Grand Total with Month wise Subtotal of amount also)

1. I Shri ----- authorized person of M/s -----
-----, hereby solemnly affirmed and declared on oath that, I have read and
understood the Aatmanirbhar Gujarat Scheme for Assistance to Large Industries
and Thrust Sector Resolution and all other resolutions issued by government in this
regards.
2. I affirm that our unit
_____ is holding
Eligibility Certificate for Net SGST Reimbursement bearing no.
_____ dated _____ for Rs. _____ (in
words) _____
_____ as issued by Industries
Commissioner.
3. I also affirm that claim of reimbursement of SGST incentives which has been duly
certified by Chartered Accountant and Company that only include SGST ITC under
GGST Act 2017 of inputs and input services used in production of eligible
products/intermediates sold by the industrial unit within the state, and such ITC is
utilized for payment of output SGST liability. Similarly, SGST amount paid
through cash ledger against the output liability of SGST on sale of eligible

products/intermediates which does not include any resale of non-eligible product or raw material.

4. I affirm that our eligible unit has obtained a separate registration under GST act for manufacturing of eligible products for which reimbursement is claimed. We don't carry out any trading activity or providing any services not relating to eligible products from our place of business. However, in future, if will start any such activity than we will maintain separate register for that activity.
5. I hereby solemnly affirmed that information regarding this claim are as per Company Account Records and true to my knowledge. However, if any anomalies found and proved in the details submitted for claim, the company is bound to repay the incentive received under this reimbursement claim with interest.

Sign and Stamp

Name & Designation of Authorized Signatory:

Witness:

Sign: _____

Name: _____

Note:

- 1) This affidavit must be produced stamped and signed by promoter/partner/director of the company on Rs. 300/- stamp paper annually.
- 2) A copy of authorization letter duly signed by all partners on stamp paper of Rs.300/- or copy of Resolution passed by the Board of Directors in case of Company registered under company Act.

Annexure - D

Affidavit for each claim

1. I/We hereby confirm that we have read the Government Resolution No: MIS-102022-1271(2)-I dated.05/10/2022 carefully.
2. 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											

3. I/We hereby confirm to comply all the conditions stipulated therein to avail incentives mentioned in the above resolutions for mentioned below claim period.

Claim Period:

Claim Amount: Rs.....

4. I/We hereby confirm that, we are claiming the Incentives only for eligible goods manufactured in the eligible unit under the scheme for Incentive to Industries. we are not claiming the Incentives on the ineligible product/ resale of goods.
5. I/We hereby confirm that, we are not claiming any inter-State sales as intra-State sales through intermediary/ Marketing network / or any other middle man, which is directly or indirectly controlled by us in order to get higher Incentives.
6. I/We hereby confirm solemnly affirmed that information regarding this claim are as per Company Account Records and true to my knowledge. However, if any anomalies found and proved in the details submitted for claim, the company is bound to repay the incentive received under this reimbursement claim with 18% of interest, and the eligibility certificate shall be liable to be cancelled with effect from the date of such contravention.

7. I/We hereby confirm that We do not carry out any trading activity or providing any services not related to eligible products from our place of business.

Place:

Sign and Stamp

Date:

Name & Designation:

Annexure – E
(Declaration from CA)
(on Letter Head of CA)

TO WHOSOEVER THIS MAY CONCERN

This is to certify that,

1. The following documents furnished by M/s. _____ has been checked and verified by me which are submitted with the application of getting assistance for SGST concession as per provisions of GR No MIS-102022-1271(2)-I dated.05/10/2022 and amendments thereof for Aatmanirbhar Gujarat Scheme for Assistance to Large Industries and Thrust Sector:
 - a. Application for claiming reimbursement of SGST under (Scheme for Incentives to Industries (General)) along with Annexures-A, A-1, A-2, A-3, A-4, B, B-1, B-2, B-3, Electronic Cash & Credit Ledger.
 - b. GSTR 1 and GSTR-3B for the months of _____ along with detailed schedules A to X, GST Portal Cash and Credit Ledger.
2. I have personally verified and certified all above details and hereby certify that all the details furnished in the Application, Annexures, Statements and documents 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 on like Sales, Purchase, ITC etc. because of debit note / credit note transactions etc. and it results into excess claim of SGST concession then M/s. _____ is liable to refund the same on immediate basis.
3. It is opined that the applicant unit fulfils all the criteria of GR and it is recommended that the unit is eligible for getting assistance of Rs. _____ as SGST concession under Aatmanirbhar Gujarat Scheme for Assistance to Large Industries and Thrust Sector for the period of _____ (Q-1/2/3/4 of F.Y. _____).

For, _____

Chartered Accountants

Membership No.

UDIN –

Annexure – F
(Related Party CA Certificate)

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 Enterprise have made Transactions with Related Parties during period from date - _____ to _____ as per following table -

Related Party Transaction of Unit Ms. _____

No	Name of Related party	Sales by incentivised unit				End product Manufactured by related party	
		Product Name	HSN code	Total Amount	SGST Amount	Product Name	HSN code
1							
2							
	Total						

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 SGST concession then M/s. _____ is liable to refund the same on immediate basis.

Date:
Place:

Signature and Seal of
Chartered Accountant

Membership No.
UDI No.

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

Membership No.
UDI No.

**Please mention actual name of product in place.*

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

Employment Details

Month - /20

[illegible]

*with attested copy of attendance or salary register.

*On the company's letter pad

List of Managers/ Supervisors/ Workers

[illegible]