

**Application for Interest Subsidy 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 \_\_\_\_\_ (6 Monthly Basis)

<b>Details of Applicant Undertaking</b>				
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 Interest Subsidy as mentioned in certificate)</i>	<b>Rs.</b>		
	Eligible Incentive Period for Interest Subsidy:	From ..... to .....		
6.	Final Eligibility Certificate No.& Date:(as applicable)			
	Eligibility Amount <i>(Please mention yearly max. capped amount for Interest Subsidy as mentioned in certificate)</i>	<b>Rs.</b>		
	Eligible Incentive Period for Interest Subsidy:	From ..... to .....		
7.	Category of Project	New / Expansion / Diversification		
8.	GPCB Approval No and Date	No. – Date – Validity –		
<b>Project Details</b>				
9.	Manufacturing Product/s			
10.	Eligible Product as per Provisional / Final Eligibility Certificate	No	Product	Installed Capacity
		1	2	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:											
	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.)						
	<b>TOTAL</b>										

  

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
16.	Claim Amount

### Declaration

- 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 such that we bear a minimum 2% interest levied on term loan by the financial institution.
3. I/We hereby confirm that, the interest subsidy from the state shall be to the extent that I/we bear atleast 2% of the interest even after offsetting the interest subsidy from Government of India, if any.
4. I/We hereby confirm that, we are claiming Interest subsidy only on eligible amount of loan actually disbursed against the sanctioned term loan for Eligible Fixed Capital Investment only.
5. I/We hereby confirm that, we are claiming interest subsidy only on interest levied by the financial institution. Penal interest or other charges are not considered as interest.
6. 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.
7. I/We hereby declare that we have read the Government Resolution No: MIS-102022-1271(2)-I dated.05/10/2022.
8. I/We undertake to comply all the conditions stipulated therein to avail incentives mentioned in the above resolutions.
9. 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:

Firm/Office Seal

Name and Signature

## CHECKLIST

### Claim for Assistance of Interest Subsidy

No.	Particulars
1.	Application form for Claim of Interest Subsidy duly filled, stamped and signed by authorized signatory
2.	Bank Certificate Annexure A & B for the Claim Period
3.	Bank/Financial Institute certified Term Loan Account statement for Claim Period
4.	First Sale Bill <b>To be submitted with first claim only</b>
5.	Affidavit in prescribed format
6.	Purchase bill, Sale bill, Electricity Bill for Last month of Claim Period
7.	Attendance / Salary Register for the Last Month of Claim Period
8.	Employment Statement for the Last Month of the claim Period in Prescribed Format
9.	Details of Apprentice (If applicable)
10.	Valid Insurance Policy for Fixed Assets
11.	In case other bank has taken over the remaining term-loan, then sanction letter of bank. (If Applicable)
12.	No due certificate from previous bank (in case of Take-over of Term Loan)
13.	Bank/Financial Institute certified Term Loan Account statement for take-over
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.	Pan Card
16.	Cancelled Cheque
17.	CE 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>

## **Annexure - A**

### **Certificate from Bank / Financial Institution**

(Aatmanirbhar Gujarat Scheme for Assistance to Large Industries and Thrust Sector)

This is to certify that M/s ..... has been sanctioned term loan of Rs..... on date ..... having term loan account number ..... for the ..... project (specify manufacturing activity or rendering of service as applicable) located at ..... (Mention factory address of the enterprise where manufacturing activity or rendering of service is carried out) with the rate of Interest of ..... (%) and with moratorium period of ..... (specify as applicable, months/year).

The amount of first instalment of the term loan of Rs ..... was disbursed on date ..... From the above sanctioned term loan amount, the enterprise has been disbursed total amount of Rs. .... up to date .....

The enterprise has started repayment of the loan. / The enterprise is in moratorium period and hence has not started repayment of loan.

The repayment of loan and interest amount for the period ..... to..... is as below

Principal repayment to Bank Rs.....

Interest repayment to Bank Rs.....

Total Rs.....

The Interest Subsidy @7% or @rate after bearing a minimum 2% interest by the enterprise, on amount disbursed during above period is Rs. ....

This is to certify that; the enterprise is not a defaulter as per the guideline of the RBI.

**or**

the enterprise is a defaulter as per the guidelines of the RBI, for the period ..... to ..... (Specify as applicable)

It is also certified that there is no penal interest or other penalty charges included in the above claim. The enterprise is paying regular instalments and interest to the bank.

Place:

Date:

Seal of the Bank

Signature

Branch Manager

Name of Bank

## Annexure - B

1. NAME OF THE UNIT:
2. NAME OF THE BANK / FI:
3. SANCTIONED TERM LOAN AMOUNT:
4. TERM LOAN ACCOUNT NO.:
5. MORATORIUM PERIOD: \_\_\_\_ Months
6. CLAIM PERIOD: FROM Dt \_\_\_\_\_ to Dt. \_\_\_\_\_

7. OPT DATE FOR INTEREST SUBSIDY:
8. OUTSTANDING PRINCIPAL AMOUNT:
9. PROVISIONAL / FINAL ELIGIBLE FCI:
10. DUE DATE OF REPAYMENT:
  - ☐ Last Date of Month -
  - ☐ Specific Date -

No.	Disbursement during claim period		Repayment (Actual Date of Repayment of Principal / Interest / Other amount) during claim period				Principal Amount Outstanding	Rate of Interest (%)	Number of days			Interest Subsidy Amount (@7% or @applicable rate) (in Rs.)	
1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Date	Disbursement Amount (Rs.)	Date	Interest Amount (Rs.)	Other Amount (Rs.)	Principal Amount (Rs.)	Amount (Rs.) [(Previous value of Column 8 + Column 3 - Column 7)]	in %	From Date	To Date	No. of Days	Amount as per Days Calculation (in Rs.) [(Column-8 * {7} * Column-12) / (365 x 100)]	Amount as per Pro-rata of Interest Rate (in Rs.) [Column-5 * {7} / Column-9]
<b>Total</b>													

Place:

Date:

Seal of the Bank

Signature

Branch Manager

Name of Bank

## 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.

1. 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										
<b>Total</b>											

2. 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.
3. Organization has not obtained / applied for or will not obtain any grant/subsidy from any Ministry / Department / Organization /Agencies of State Gov. for the same purpose / activity /on the same components.
4. I/We hereby confirm that, we are claiming the Incentives such that we bear a minimum 2% interest levied on term loan by the financial institution.
5. I/We hereby confirm that, the interest subsidy from the state shall be to the extent that I/we bear atleast 2% of the interest even after offsetting the interest subsidy from Government of India, if any.
6. 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.

7. I/We confirm that I/We have paid all Government dues and no such dues are outstanding.
8. 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

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]