MSME Incentive Branch
Office of MSME Commissioner,
Gandhinagar

Application Form

For

Scheme 8

Assistance to SME for raising Capital through SME Exchange Under -New Industrial Policy - 2015

Scheme for assistance to Micro, Small & Medium Enterprises (MSMEs)

Government Resolution No SSI-102014-924840-CH Dated: 19-01-2015.

1	Name of Enterprise	
2	Office Address with Pin Code No:	
	Factory Address with Pin Code No:	
	Telephone No	
	Mobile Phone No	
	Email ID	
3	Name, Address & Contact details of	
	Promotor	
4	Name and Designation of Authorized	
	Person	
	Telephone No	
	Mobile Phone No	
	Email ID	
5	The place where establishing the	Place:
	enterprise in Gujarat.	Taluka:
	-	District:
6	Constitution of Enterprise	
7	MSME Acknowledgment No. & date	
	EM Part-I	
	EM Part-II	
	Udyog Aadhaar No and Date	
	As per registration Category of	Micro/Small/Medium
	Enterprise	
	As per registration Activity of Enterprise	Manufacturing/Servicing/Trading
	As per registration manufacturing Item	

8	Details of registration with SEBI	
9	Details of other registrations/Licenses/	
	approval/Permission	
10	Item of Production	
11	Name & Address of Registrar of Capital	
	Issue of an Enterprise	
12	Name & Address of Banker of Capital	
	Issue of an Enterprise	
13	Cost of Project	
14	Details of Means of Finance	
15	Date of Capital Issue published	
16	Listing Date of Capital Issue	
17	Total Amount of Equity Capital for	
	which	
	Capital Issue arranged	
18	Amount of Equity Capital raised out of	
	that.	
19	Is the equity generated by Capital Issue	
	used for the enterprise located in	
	Gujarat? If it is different from above	
	item no 4, State the location & address	
	of that enterprise.	
	Projection of implementation of project	
	/Commissioning Projections:	
20	Head wise details of Expenditure	
	incurred	
	for raising of fund through SME	
	Exchange	
	Paid Expenditure	
	Unpaid Expenditure	
21	Has the project started its commercial	
	Production? YES / No	
22	Expected date of commencement of	
	Production.	
		1

23	Employment Details	Managerial
		Supervisory
		Workers
		Total
	Nos. of Local employ out of that	
24	As per Audited Balance Sheet	
	investment in Plant and Machinery	
25	Whether any other assistance obtained	
	in	
	any other scheme of Government of	
	Gujarat / GoI / Others.	
26	Name of the Bank of Enterprise	
	Address of Bank	
	IFS Code	
	Account No	

Place:	SEAL
riace.	JEAL

Date:
Signature of Applicant
(Name of Signatory)
(Designation of Signatory)
Rubber Stamp