APPLICATION FORM – AF-05

Application Form for Assistance for Technology Acquisition under the Industrial Policy-2015.

(Govt. of Gujarat, Industries & Mines Dept, Resolution No.:MSM-102017-688-Ch Date: 24-10-2017)

1.	Name of the Enterprise	
2.	Office Address with pin code No:	
	Factory Address with pin code No:	
	Tele No. : (M)	
	Fax No.:	
	Email Id :	
3.	Constitution of the Enterprise	Proprietorship/ Partnership/
		Company/ Society/ Others
4.	Name, Address & Contact details of the	
	proprietor / All partners / All Members / All	
	directors / All promotors	
5.	Category of the proprietor / All partners / All	General / OBC / SC / ST
	Members / All directors / All promotors	
6.	Name, Designation & Contact details of the	
	Authorized Person	
	EM No. & Date (MSME Part-II)	EM No.:
7.	UAN No:	Date:
	Date:	UAN No:
		Date:
	Manufacturing Item:	
	Whether New or Existing	
	Annual Production Capacity	
	Investment in Plant and Machinery	
8.	Brief note of technology to be acquired by	
	MSMEs and how it will be helpful to	
	enterprise and specific result/outcome	
	obtained/to be obtained.	
9.	Details of agency/ institute/ industry, from	
	where technology is acquired with MOU	
	details.	

10.	Details of expenditure incurred/to be incurred (Rs.in lakhs)		Means of Finance (Rs.in lakhs)				
	Sr.	Particulars	Amount	Sr.	Particulars	Amount	
	1	Preliminary expenses		1	Promoters		
	2	Fees to be paid to		11 -	Contribution:		
		acquire technology		2	Term Loan		
	3	Cost of design/		3	Govt.		
		drawings/ Process			Support:		
	4	Cost of training/		4	Others:		
	-	knowledge transfer			Total		
	5	Royalty charges (for			TOtal		
		first two years)					
	6	Miscellaneous					
		expenses (pl. specify)					
		Total					
		TOLAI					
11.	enter	Benefits/ Outcome obtained by the enterprise.					
12.	Name and Address of Financial Institution		If finance institute is more than one pl. attach separate sheet in this Performa for all Financial Institutes.				
	E- mail ID of the Bank						
13.	Amount of loan sanctioned and date			RsLakhs Date / /20			
	Term Loan Account No						
IFSC Cod Branch C		Code No.					
		h Code No					
	PAN Card No of the unit						
14.	Detail	Details of any other financial assistance		YES/	NO If,		
	granted by GOG/GOI			Yes Please attach details in			
				separate sheet.			
15.	Whet	Whether any Government dues are		YES/NO If,			
	outstanding or not? And court case against		Yes Please attach details in				
	Govt.? If Yes Give details thereof.			separate sheet			
16.	Decla	ration: I hereby declare t	hat the informa	tion, st	atement & doci	uments	
	submitted are to the best of my knowledge & belief, true and correct in all						
	particulars. I abide with the terms, conditions, eligibility criterias and parameters						
	specified in the Government Resolutions, and as amended, under the Industrial						
Policy 2015. I also declare that I am authorized by the enterprise t					=	sign and	
	subm	it the application and rela	ated details with	n releva	ant documents.		

UNDERTAKING

I/We undertake to comply with the terms, conditions, eligibility criterias, particulars and parameters of the Government Resolution No. SSI- 102014-924840-CH, dated 19/01/2015, and as amended, and applicable resolutions under the Industrial Policy-2015 of Government of Gujarat.

I/We, applying for Assistance for Technology Acquisition scheme will observe the following conditions and if I/We will violate these conditions than I/We shall be liable to pay back the assistance paid and the same will be recovered.

- 1. I/We obtain acquisition of appropriate technology from recognized institution for our product / process during the operative period of the scheme.
- 2. I/We shall have obtained prior approval of Industries Commissioner after signing MOU with Technology provider.
- 3. I/We confirm that, I/Our enterprise is new with New Technology or I/We is/are Existing Enterprise applying with new product or for improvement of production process.
- 4. I/We confirm that, I/We will not claim for purchase of any plant and machinery or equipment.

Date:	Signature of the Authorized Person
Place:	Name of the Authorised person:
	Designation of the Authorised person:

Seal of the Enterprise