

SCHEDULE I

Form No. -----

**ENTREPRENEURS MEMORANDUM
FOR
SETTING UP MICRO, SMALL OR MEDIUM ENTERPRISE**

GENERAL INSTRUCTIONS

1. MEMORANDUM IS TO BE FILED WITH THE DISTRICT INDUSTRIES CENTRE* BY A MICRO, SMALL OR MEDIUM ENTERPRISE, AS THE CASE MAY BE, UNDER SUB-SECTION (1) OF SECTION 8 OF THE MICRO, SMALL AND MEDIUM ENTERPRISES DEVELOPMENT (MSMED) ACT, 2006.
2. FOUR COPIES OF THE MEMORANDUM SHOULD BE FILED.
3. THERE IS NO FEE FOR PROCESSING THE MEMORANDUM.
4. EXISTING UNITS SHOULD FILL UP ONLY PART II OF THE MEMORANDUM.
5. IN CASE OF ANY CHANGE IN THE INFORMATION, AT ANY POINT OF TIME, PLEASE INFORM THE DETAILS WITHIN THREE MONTHS TO DIC.
6. WRITE / TYPE IN BLOCK (CAPITAL) LETTERS
7. LEAVE ONE BLANK BOX AFTER EACH WORD.
8. FILL UP WHICHEVER IS APPLICABLE.
9. ALL CODES OTHER THAN PIN CODE SHALL BE FILLED BY THE OFFICE
10. FORM WILL BE MACHINE NUMBERED BY THE DISTRICT INDUSTRIES CENTRE

*To be filled at DIC under whose jurisdiction the enterprise is proposed to be located.

Form No. -----

FOR OFFICE USE ONLY

DATE OF ISSUE

NATURE OF ACTIVITY

(MANUFACTURING-1, SERVICE-2)

CATEGORY OF ENTERPRISE

(MICRO-1, SMALL -2, MEDIUM - 3)

D	D	M	M	Y	Y	Y	Y

ENTREPRENEURS MEMORANDUM NUMBER

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(First two boxes are for State/Union Territory code, next three boxes are for District code, sixth and seventh boxes are for category of enterprise (sixth box for indicating manufacturing or service and seventh box for indicating micro or small or medium) and last five boxes are for Entrepreneurs' Memorandum number)

10. TYPE OF ORGANIZATION

(PROPRIETARY – 1, HUF-2, PARTNERSHIP-3, CO-OPEATIVE-4
PVT. LTD. COMPANY-5, PUBLIC LIMITED COMPANY-6, SELF HELP GROUP -7, OTHER-8)

11. (a) MAIN MANUFACTURING/SERVICE ACTIVITY

NAME	<input type="text"/>
CODE (NIC 98*)	<input type="text"/>

(b) PRODUCTS TO BE MANUFACTURED/SERVICE TO BE PROVIDED.

(i) NAME	<input type="text"/>
CODE (ASICCC2000*)	<input type="text"/>
(ii) NAME	<input type="text"/>
CODE (ASICCC2000*)	<input type="text"/>
(iii) NAME	<input type="text"/>
CODE (ASICCC2000*)	<input type="text"/>
(iv) NAME	<input type="text"/>
CODE (ASICCC2000*)	<input type="text"/>
(v) NAME	<input type="text"/>
CODE (ASICCC2000*)	<input type="text"/>

(*) Codes for activities and products/ services as per classification specified from time to time by the office of the Development Commissioner (Small Scale Industries), to be filled in by District Industries Centre or the office where the Entrepreneurs Memorandum is to be submitted. (ADD ADDITIONAL SHEET FOR MORE PRODUCTS)

12. (a) PROPOSED INVESTMENT IN FIXED ASSETS [Rupees lakh]

(i)	LAND (OWNED-01/RENTED-02/LEASED-03)		<input type="text"/>
	APPROXIMATE VALUE		<input type="text"/>
(ii)	BUILDING (OWNED-01/RENTED-02/LEASED-03)		<input type="text"/>
	APPROXIMATE VALUE		<input type="text"/>
(iii)	PLANT & MACHINERY (in case of manufacturing enterprise)	VALUE*	<input type="text"/>
(iv)	EQUIPMENT (In case of service enterprise)	VALUE*	<input type="text"/>
(v)	FOREIGN EQUITY, IF ANY	VALUE*	<input type="text"/>

* The value in the boxes should be filled from right side e.g. if value is Rs. 10 Lakh it should be written as This will also apply to all other items (row) where quantity, number etc to be given.

13. INSTALLED CAPACITY (proposed) PER ANNUM

QTY				UNIT		

14. POWER LOAD (ANTICIPATED) H.P. / K.W.

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15. (a) (i) OTHER SOURCE OF ENERGY/POWER
[IF REQUIRED]

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(NO POWER NEEDED -1, COAL-2 OIL-3, LPG-4, ELECTRICITY FROM GRID-5, ELECTRICITY FROM GENERATOR-6, NON-CONVENTIONAL ENERGY-7, TRADITIONAL ENERGY/FIREWOOD-8)

(ii) if no power required, specify reasons;

(b) INDICATE ANNUAL REQUIREMENT SOURCE OF ENERGY

QTY UNIT

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16. EXPECTED EMPLOYMENT

(NOs.)

(i) MANAGEMENT & OFFICE STAFF

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(ii) SUPERVISORY

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(iii) WORKERS

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17. ENTREPRENEURS PROFILE (OF ALL PARTNERS/DIRECTORS OF THE ORGANIZATION USE SEPARATE SHEETS, IF NEEDED)

(a) NAME

(i) Male (M) / Female (F)

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(ii) SC(1)/ ST (2) / OBC (3) /OTHERS (4)
PHYSICALLY CHALLENGED (5)

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(iii) KNOWLEDGE LEVEL

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(TECHNICAL GRADEUATE-1, MANAGEMENT GRADUATE-2, POST GRADUATE-3, OTHER GRADUATE-4, UNDERGRADUATE-5, ANY OTHER LOWER-6)

(iv) EQUITY PARTICIPATION (In Rs.)

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(percentage of total equity)

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- (v) STAKE IN OTHER MANUFACTURING ENTERPRISES
(Yes-1, No-2)
(ADD ADDITIONAL SHEET, IF NEEDED)

18. EXPECTED SCHEDULE OF COMMENCEMENT OF PRODUCTION /ACTIVITY

M	M	Y	Y	Y	Y

DATE:
PLACE:

(SIGNATURE OF THE APPLICANT /AUTHORIZED PERSON)
NAME OF THE PROPRIETOR/PARTNER/ MANAGING DIRECTOR

- (a) Enclose a self certified copy of Power of Attorney/Board Resolution /Society Resolution, wherever applicable, while signing as Partner/Managing Director or Authorized Person.
- (b) Enclose a certified /notarized copy of the Partnership Deed/Memorandum of association /Articles of Association in case of Medium Enterprises.

Undertaking

This is to certify that the information furnished in the memorandum in FORM No. ----- is true and correct to the best of my knowledge and belief.

DATE:
PLACE:

(SIGNATURE OF THE APPLICANT /AUTHORIZED PERSON)

14. INSTALLED CAPACITY PER ANNUM

QTY	UNIT
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

15. POWER LOAD H.P / K.W.

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

16. (a) (i) OTHER SOURCE OF ENERGY/ POWER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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[IF REQUIRED]

(NO POWER NEEDED -1, COAL-2, OIL -3, LPG-4, ELECTRICITY FROM GRID -5, ELECTRICITY FROM GENERATOR -6, NON-CONVENTIONAL ENERGY -7, TRADITIONAL ENERGY /FIREWOOD -8)

(ii) If no power required, specify reasons;

(b) INDICATE ANNUAL REQUIREMENT SOURCE OF ENERGY

QTY UNIT

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

17. EMPLOYMENT

MALE (NOs) FEMALE(NOs)

(i) MANAGEMENT & OFFICE STAFF

<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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(ii) SUPERVISORY

<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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(iii) WORKERS

<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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18. TOTAL ANNUAL TURNOVER (In Rs.)
(If less than one year of operation, then expected turnover)

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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19. EXPORT (If any) (Rs.)

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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20. ENTREPRENEUR'S PROFILE (OF ALL PARTNERS/DIRECTORS OF THE ORGANIZATION - USE SEPARATE SHEETS, IF NEEDED)

(a) NAME

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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(i) Male (M) Female (F)

<input type="text"/>

(ii) SC (1) / ST (2) /OBC (3) / OTHERS - (4)
PHYSICALLY CHALLENGED (5)

<input type="text"/>

(iii) KNOWLEDGE LEVEL

<input type="text"/>

(TECHNICAL GRADUATE -1, MANAGEMENT GRADUATE-2, POST GRADUATE -3, OTHER GRADUATE-4, UNDERGRADUATE-5, ANY OTHER LOWER-6)

(iv) EQUITY PARTICIPATION (In Rs.)

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(In % of total equity)

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(v) STAKE IN OTHER MANUFACTURING ENTERPRISES

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(Yes -1, No -2,)

(ADD ADDITIONAL SHEET IF NEEDED)

21. DATE OF COMMENCEMENT OF PRODUCTION / ACTIVITY

D D M M Y Y Y Y

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DATE:

PLACE:

SIGNATURE OF THE APPLICANT / AUTHORIZED PERSON
NAME OF THE PROPRIETOR / PARTNER / MANAGING DIRECTOR

- (a) Enclose a self certified copy of Power of Attorney/Board Resolution /Society Resolution, wherever applicable, while signing as Partner/Managing Director or Authorized Person.
- (b) Enclose a certified /notarized copy of the Partnership Deed/Memorandum of association /Articles of Association in case of Medium Enterprises.

Undertaking

This is to certify that the information furnished in the memorandum in FORM No. _____ is true and correct to the best of my knowledge and belief. I/we have obtained approval/consent/License/permit from the concerned ministry/Department of central Government/State Government/UT Administration as per statutory requirements.

DATE:

PLACE:

(SIGNATURE OF THE APPLICANT /AUTHORIZED PERSON)

ACKNOWLEDGEMENT
PART – II

M/sHAS FILED MEMORANDUM FOR A.....
(MANUFACTURING/SERVICE) ENTERPRISE AT THE ADDRESS
.....PIN..... FOR THE ITEM/ITEMS INDICATED BELOW AND
THE ACTIVITY HAS COMMENCED FROM THE (DATE)..... AS STATED IN
FORM NO. AND ALLOCATED ENTREPRENEURS MEMORANDUM NO AS
BELOW:

DETAIL OF ITEM/ITMES TO BE MANUFACTURED/SERVICE TO BE PROVIDED

Sl. No.	Item of Manufacture/type of service to be rendered	Capacity in case of manufacture
1.
2.
3.
4.
5.
6.

(ADD ADDITIONAL SHEET IF REQUIRED)

NOTE: THE ISSUE OF THIS ACKNOWLEDGEMENT DOES NOT BESTOW ANY LEGAL RIGHT THE ENTERPRISE IS REQUIRED TO SEEK REQUISITE CLEARANCE/LICENCE/ PERMIT REQUIRED UNDER STATUTORY OBLIGATION STIPULATED UNDER THE LAWS OF CENTRAL GOVERNMENT/ STATE GOVERNMENT/UT ADMINISTRATION/ COURT ORDERS.

DATE OF ISSUE

D	D	M	M	Y	Y	Y	Y

NATURE OF ACTIVITY
(MANUFACTURING-I SERVICES-2)

CATEGORY OF ENTERPRISE
(MICRO-1, SMALL-2, MEDIUM-3)

ENTREPRENEURS MEMORANDUM NUMBER

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PART - II

(first two boxes are for State/UT code, next three boxes are for District code, sixth and seventh boxes are for category of enterprise (sixth box for indicting manufacturing or service and seventh box for indicting micro or small or medium and last five boxes are for EM number).

DATE
PLACE

SIGNATURE
WITH OFFICE SEAL