

## Application for grant of incentives to IT Industries

To  
The Secretary to Government  
Information Technology and Communications Department  
Government of Andhra Pradesh  
D Block, 3<sup>rd</sup> Floor, AP Secretariat  
Hyderabad-500022

### I. Details of IT Company:

1.	Name of the IT Company:	
2.	Name of the Managing Director:	
3.	Name(s) of the Director(s):	
	i.	
	ii.	
	iii.	
	iv.	

### II. Address of Applicant:

Address:

Contact Person:

Email:

Mobile:

Telephone:

### III. Nature and activities:

a. Constitution of the Organisation (Pl. ✓ mark):

Proprietary  Partnership  Pvt., Ltd.,  Ltd., Co.

b. Activity (Pl. ✓ mark):

Line of Activity	IT	IT Enabled Services	IT/Electronic Hardware	IT Infrastructure	Telecom	Training Institution
Present						
Proposed						

*Fill in all columns for avoiding rejection.*

Existing Status:

c. Date of incorporation of the Company/Firm .....  
*Enclose Memorandum and Articles of Association*

d. Investment Made:

i) Plant & Machinery: Rs. ....

ii) Land & Buildings: Rs.....

iii) Total: Rs. ....

e. Date of commencement of commercial operations:

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f. Performance last three years:

(Rs. in crores) for eg: 1= 1 crore (Rs 10 Million)

Year	Export turnover	Domestic turnover	Total turnover*

*Provide Annual Reports*

g. Total number of Employees employed at present:

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**IV. Incentives applied for (Pl. ✓ mark):**

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| 1. 25% Power Subsidy                   | <input type="checkbox"/> | 2. Conversion to Industrial Power Tariff  | <input type="checkbox"/> |
| 3. Recruitment Assistance              | <input type="checkbox"/> | 4. ULC Exemption for private IT Park      | <input type="checkbox"/> |
| 5. Exemption from Zoning/ IT Park      | <input type="checkbox"/> | 6. 100% Stamp duty Refund                 | <input type="checkbox"/> |
| 7. Rebate on Land Cost                 | <input type="checkbox"/> | 8. 20% Quality Certification Refund       | <input type="checkbox"/> |
| 9. Patent Filing Cost Refund           | <input type="checkbox"/> | 10. 50% Exhibition Rental Refund          | <input type="checkbox"/> |
| 11. Incentive for Training Institution | <input type="checkbox"/> | 12. Tier-II city anchor company incentive | <input type="checkbox"/> |

Check eligibility before applying

All columns need to be filled to avoid rejection

**1. & 2. 25% Power Rebate & Conversion to Industrial Tariff:**

a.	Service connection(s) No(s):	
b.	Name as mentioned on the Bill	

*Enclose copy of the latest ELECTRICITY BILL*

**3. Recruitment Assistance:**

Sl. No.	Number of employees Hyderabad (Rs.10 Lakhs)	Number of employees Tier-II (Rs.15 Lakhs)
IT/ Hardware		
ITES		
<b>TOTAL</b>		

*Enclose certificate from your Auditor firm confirming the Number of employees and line of activity*

**4. & 5. Details of property proposed for exemption from Zoning Regulations, ULC and Declaring as IT Park**

1. Extent of Land Acres	
2. Location Survey No/ Address	
3. Number of Owners	
4. Proposed Built up area Plinth Area in sq. ft.	
5. Project size in Rs.	
6. Expected Date of Completion:	

*Enclose copies of the Sale Deed, Layout Plan, Building Elevation, MoU/GPA- 3 sets*

**6. 100% Reimbursement in Registration Fee, Stamp Duty and Transfer of Property Duty:**

1. Name and Location of the IT Park: .....
2. Extent of Built up space:.....(sq. ft.)
3. Extent of Land in (acre):.....
4. Nature of transaction (sale or lease): .....
5. Date of registration: .....
6. Total Cost: .....

*Enclose copies of the sale/lease deed and the payment challans*

**7. Rebate on cost of land:**

Why is land required?
How does it enhance your business?
Proposed Activities
Proposed Number of Employees
Proposed Investment
Extent of land required :
Proposed Built up area (in sq. ft.):
Proposed Start Date:
Proposed Completion Date:
Source of funding :

*Company should be in the proposed line of activity for a period of five years from the date of completion of the building for not attracting penal interests and revoking of the land.*

**8. Reimbursement of Expenditure for Quality Certification:**

1. Name of Certification	
2. Level achieved	
3. Name of the Consulting Firm assessing	
5. TOTAL Expenditure	
6. Did you receive this reimbursement earlier?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Enclose copies of the bills of the assessing consultants only.*

**9. Reimbursement of Patent Filing Cost:**

1. Cost of filing Patent	
2. Date of receiving the Patent	
3. Earlier patents received	

*Enclose the proof of cost and copy of the letter/certificate-awarding patent*

**10. 50% Reimbursement of Exhibition Stall Rentals:**

1. Exhibition participated in	
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2. Cost of Stall Rental for 9 sq Mts	
3. Dates of Participation	

*Enclose copies of the invoice and receipts.*

**11. Training Incentive for Training Institutions:**

1. Number of students trained in the center during the year & location.	
2. Number of candidates placed.	
3. Names of the ITES Companies placed with.	

*Enclose letters from the ITES Companies*

**12. Tier-II city anchor company incentive:**

Sl. No.	Tier-II Location	No. of Employees
IT/ Hardware		
ITES		
<b>T O T A L</b>		

**Any other relevant information/comments/remarks:**

.....  
 .....  
 .....  
 .....  
 .....  
 .....

**DECLARATION**

We hereby declare that the particulars as given in the application are correct to the best of our knowledge and belief

Place:

Date:

Signature:

Name of the Authorized signatory:

Designation: