

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 & 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 MONTH 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 filed at the DIC under whose jurisdiction the enterprise is proposed to be located.

Form No. -----

FOR OFFICE USE ONLY

DATE OF ISSUE

D	D	M	M	Y	Y	Y	Y

NATURE OF ACTIVITY
(MANUFACTURING-1, SERVICE-2)

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

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

(i) LAND (OWNED-01/RENTED-02/ LEASED-03)	□□
APPROXIMATE VALUE*	□□□□
(ii) BUILDING (OWNED-01/RENTED-02/ LEASED-03)	□□
APPROXIMATE VALUE*	□□□□
(iii) PLANT & MACHINERY VALUE* (In case of manufacturing enterprise)	□□□□
(iv) EQUIPMENT VALUE* (In case of service enterprise)	□□□□
(v) FOREIGN EQUITY, IF ANY VALUE*	□□□□

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

13. INSTALLED CAPACITY (proposed) PER ANNUM	QTY	UNIT
	□□□□	□□□□

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

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
.....	□□□□	□□□□
.....	□□□□	□□□□
.....	□□□□	□□□□

16. EXPECTED EMPLOYMENT (Nos.)

(i) MANAGEMENT & OFFICE STAFF	□□□□
(ii) SUPERVISORY	□□□□
(iii) WORKERS	□□□□

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

(a) NAME

(i) MALE (M) / FEMALE (F)

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

(iii) KNOWLEDGE LEVEL
[TECHNICAL GRADUATE- 1, MANAGEMENT GRADUATE-2,
POST GRADUATE-3,OTHER GRADUATE-4, UNDERGRADUATE-5,
ANY OTHER LOWER-6]

(iv) EQUITY PARTICIPATION (in Rupee.)

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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

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DATE:
PLACE:

[SIGNATURE OF THE APPLICANT /AUTHORISED 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 Authorised 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:

DATE:
PLACE:

SIGNATURE
WITH OFFICE SEAL

PART II

Form No. -----

(To be filled up and submitted to District Industries Centre after commencement of production/activity)

[THE ROWS WHICH HAVE BEEN REPEATED NEED TO BE FILLED ONLY TO THE EXTENT THAT THE ACTUAL DETAILS ON COMMENCEMENT VARY FROM THOSE IN PART-I]

I. EM NUMBER (Part I)

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D D M M Y Y Y Y

II. DATE OF ISSUE

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M M Y Y Y Y

III. MONTH OF COMMENCEMENT OF PRODUCTION / ACTIVITY

--	--	--	--	--	--	--	--

1. NAME OF APPLICANT

2. (a) ADDRESS OF COMMUNICATION

PIN

(i) TELEPHONE NUMBER

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(ii) FAX NUMBER

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(iii) CELL PHONE NUMBER

--	--	--	--	--	--	--	--	--	--

(iv) E-MAIL

(v) WEB-SITE

(b) PERMANENT RESIDENTIAL ADDRESS (MAIN APPLICANT)

PIN

(i) TELEPHONE NUMBER

--	--	--	--	--	--	--	--	--	--

(ii) FAX NUMBER

--	--	--	--	--	--	--	--	--	--

(iii) CELL PHONE NUMBER

--	--	--	--	--	--	--	--	--	--

(iv) E-MAIL

(iv) WEB-SITE

3. NAME OF ENTERPRISE

4. LOCATION OF ENTERPRISE

(i) VILLAGE / TOWN

CODE

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(ii) TEHSIL / TALUK / MANDAL

CODE

--	--	--	--

(iii) DISTRICT

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CODE

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(iv) STATE

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CODE

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(v) PIN CODE

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(vi) AREA ; (RURAL -1 , URBAN -2)

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

6. NATURE OF ACTIVITY [Tick Appropriate Box(s)]

(i) MANUFACTURE

(ii) SERVICE

7. NATURE OF OPERATION (Perennial-1, Seasonal-2, Casual-3)

8. WHETHER THE UNIT IS AN ANCILLARY
 (Yes-1, No-2)

9. MONTH OF INSTALLATION OF PLANT & MACHINERY M M Y Y Y Y

10. WHETHER THE UNIT IS REGISTERED UNDER FACTORY ACT
 (Under Section 2m(i)/2m(ii)-1, 85I)/85(ii)-2, not registered –3)

11. TYPE OF ORGANIZATION
 [PROPRIETARY-1, HUF –2, PARTNERSHIP-3, CO-OPERATIVE –4,
 PVT. LTD. COMPANY -5, PUBLIC LIMITED COMPANY-6, SELF-HELP GROUP-7,
 OTHERS-8]

12. (a) MAIN MANUFACTURING/SERVICE ACTIVITY

NAME

CODE (NIC 98*)

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

(i) NAME

CODE (ASIC2000*)

(ii) NAME

CODE (ASIC2000*)

(iii) NAME

CODE (ASIC2000*)

(iv) NAME

CODE (ASIC2000*)

(v) NAME

CODE (ASIC2000*)

(* 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)

13. (a) INVESTMENT IN FIXED ASSETS [In Rupees lakh]

(i)	LAND (OWNED-01/RENTED-02/ LEASED-03)		<table border="1" style="display: inline-table; width: 20px; height: 20px;"> <tr><td> </td></tr> </table>				
	VALUE*		<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
(ii)	BUILDING (OWNED-01/RENTED-02/ LEASED-03)		<table border="1" style="display: inline-table; width: 20px; height: 20px;"> <tr><td> </td></tr> </table>				
	VALUE*		<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
(iii)	PLANT & MACHINERY (In case of manufacturing unit)	VALUE*	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
(iv)	EQUIPMENTS (In case of servicing unit)	VALUE*	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
(v)	FOREIGN EQUITY , IF ANY	VALUE*	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				

[* The value in the boxes should be filled from right side e.g. if the value is Rs.10 lakh it should be written as

		1	0
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 . This will also apply to all other items(rows) where quantity, number, etc., to be given]

14.	INSTALLED CAPACITY PER ANNUM	QTY	UNIT								
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15.	POWER LOAD H.P / K.W.	<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>						

16.	(a) (i) OTHER SOURCE OF ENERGY/POWER [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)	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td></tr> </table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"> <tr><td> </td></tr> </table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"> <tr><td> </td></tr> </table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"> <tr><td> </td></tr> </table>				
	(ii) If no power required, specify reasons;					

(b)	INDICATE ANNUAL REQUIREMENT SOURCE OF ENERGY	QTY	UNITS								
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17. EMPLOYMENT

MALE
(Nos.)

FEMALE
(Nos.)

(i) MANAGEMENT & OFFICE STAFF

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--	--	--

(ii) SUPERVISORY

--	--	--

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(iii) WORKERS

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18. TOTAL ANNUAL TURNOVER (in Rupee.)
(If less than one year of operation, then
expected turnover)

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19. EXPORT (if any) (in Rupee.)

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20. ENTREPRENEURS' PROFILE (OF ALL PARTNERS/DIRECTORS OF THE
ORGANISATION- USE SEPARATE SHEETS, IF NEEDED)

(a) NAME

(i) MALE (M) / FEMALE (F)

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

(iii) KNOWLEDGE LEVEL

[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
(Yes-1, No-2)

[ADD ADDITIONAL SHEET, IF NEEDED]

21. DATE OF COMMENCEMENT OF PRODUCTION / ACTIVITY

D	D	M	M	Y	Y	Y	Y

DATE:
PLACE:

[SIGNATURE OF THE APPLICANT /AUTHORISED 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 Authorised 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 /AUTHORISED PERSON]

ACKNOWLEDGEMENT

PART-II

M/S. HAS 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:

DETAILS OF ITEM/ITMES TO BE MANUFACTURED/SERVICE TO BE PROVIDED.

Sl. No.	Items 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-1, 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 indicating micro or small or medium) and last five boxes are for EM number)

DATE:
PLACE:

SIGNATURE
WITH OFFICE SEAL