

**APPLICATION CUM VERIFICATION FOR CLAIMING REIMBURSEMENT OF STAM DUTY/ TRANSFER DUTY AND OR REIMBURSEMENT OF LAND COST PURCHASED IN IEs/IDA's UNDER INDUSTRIAL INVESTMENT PROMOTION POLICY (IIPP) – 2005-2010 SCHEME OF ANDHRA PRADESH**

(G.O.Ms.No.178 Industries and Commerce (IP) Dept., dated.21/06/2005 read with G.O.Ms.No.327 Industries and Commerce (IP) Dept., dated.13/12/2005)

**1.0. Details of Industry:**

1.1. Name of the unit:


1.2 Name of the Managing Director / Managing Partner / Proprietor:


**2.0. Address of the Unit:**

2.1 Office:


2.2 Factory location:


**3.0. Status:**

3.1. Constitution of the Organisation (Pl.  mark)

Proprietary  Partnership  Pvt. Ltd.  Limited  Coop.

3.2 Date of Commencement of Production:

3.3 PMT SSI Registration/IEM/IL No:

Date:


4. Status of the Industry: (Pl.  mark)

New Industry  Expansion  Diversification

5. Fixed Capital Investment(in Rs.)

Nature of Assets	New /Existing Unit	Expansion/ Diversification Project	% of increase under Expansion/ Diversification Project
Land			
Building			
Plant & Machinery			



### DECLARATION

I / We hereby confirm that to the best of our knowledge and belief, information given herein before and other papers enclosed are true and correct in all respects. We further undertake to substantiate the particulars about promoter(s) and other details with documentary evidence as and when called for.

I/We hereby agree that I/We shall forthwith repay the amount to me/us under scheme. If the amount of Stamp Duty/Land cost are found to be disbursed in excess of the amount actually admissible whatsoever the reason.

Station :

Signature of Authorised Person

Date :

with Firm /Office Seal.

• The following documents to be furnished:

- i. Registered Land Sale/Lease/Transfer deed documents with receipt from Registrar regarding the payment.
- ii. PMT SSI Registration/IEM/IL.
- iii. Civil valuation report in prescribed format duly certified by approved Civil Engineer.
- iv. Approvals from the Factories Department along with site plan.

**RECOMMENDATION:**

1. Amount claimed in Rs. \_\_\_\_\_ :
2. Whether the unit has already availed any exemption on purchase of land, if so amount in Rs. \_\_\_\_\_ :
3. Amount recommended in Rs. :

Designation & Signature of inspecting Officer.

Remarks of the General Manager \_\_\_\_\_ :

The applicant unit is eligible for said incentives and the claim is in order. The computation of capital cost has been done as per the provisions under the scheme. I recommend for sanction of incentives.

Signature of General Manager.



6. Line of Activity.

	Line of activity	Installed Capacity (in units)	Value in Rs.
New /Existing Unit			
Expansion/Diversification Project			

**Note:** In respect of Expansion/Diversification projects, units involving atleast 25% enhancement on fixed capital investment and Capacity are eligible for claiming incentives:

7	Existing power connection in HP				
8	Date of new power connection released.				
9	New power connection in HP				
10	Power utilized in previous three years before power released for expansion/diversification project	Year	Total units	Rate per unit in Rs.	Total paid by the unit in Rs.
		1.			
		2.			
		3.			
11	Energy Tariff per unit:	Rs.			
12	Details of Energy consumed from the date of commencement of production and amount claimed for the quarter **				
	Year	1 <sup>st</sup> quarter 1 <sup>st</sup> Apr.-30 <sup>th</sup> June	2 <sup>nd</sup> quarter 1 <sup>st</sup> July-30 <sup>th</sup> Sep.	3 <sup>rd</sup> quarter 1 <sup>st</sup> Oct.-31 Dec.	4 <sup>th</sup> quarter 1 <sup>st</sup> Jan.-31 <sup>st</sup> March
2005-06	Units				
	Amt.				
2006-07	Units				
	Amt.				
2007-08	Units				
	Amt.				
2008-09	Units				
	Amt.				
2009-10	Units				
	Amt.				
13	Claim applied for (Amount in Rs.)				

\*\* Quarter means every three months from the financial year begin from 1<sup>st</sup> April to 31<sup>st</sup> March.

**DECLARATION**

I / We hereby confirm that to the best of our knowledge and belief, information given herein before and other papers enclosed are true and correct in all respects. We further undertake to substantiate the particulars about promoter(s) and other details with documentary evidence as and when called for.

I/We hereby agree that I/We shall forthwith repay the amount to me/us under scheme. If the amount of Reimbursement of power tariff are found to be disbursed in excess of the amount actually admissible whatsoever the reason.

Certified that this amount has not been claimed earlier. In case of a wrong claim I shall repay the entire amount of concession(s) availed under IIPP2005-2010 scheme in Lump sum with prevailing interest.

Station :

Signature of Authorised Person

Date :

with Firm /Office Seal.

• The following documents to be furnished:

- a) Power release certificate issued by concerned DISCOM for the first time of the claim.
- b) Statement of Accounts in prescribed formate for the first time of the claim.
- c) List of plant & machinery for the first time of the claim.
- d) Civil valuation report in prescribed format duly certified by approved Civil Engineer for the first time of the claim.
- e) Power Bill and payment proof/receipts from concerned DISCOM.
- f) PMT SSI Registration /IEM / IL for the first time of the claim.
- g) Self Certification prescribed at Form – B.
- h) Power utilization Particulars for the last –3- years and Column No. 5 & 6 of the application duly certified by Chartered Accountant for the first time of the claim.

RECOMMENDATION:

1. Amount claimed in Rs. :

2. Amount recommended in Rs. :

Designation & Signature of inspecting Officer.

Remarks of the General Manager :

The applicant unit is eligible for said incentives and the claim is in order. The computation of capital cost has been done as per the provisions under the scheme. I recommend for sanction of incentives.

Signature of General Manager.

**APPLICATION CUM VERIFICATION FOR CLAIMING INVESTMENT SUBSIDY UNDER INDUSTRIAL INVESTMENT PROMOTION POLICY (IIPP) - 2005-2010 SCHEME OF ANDHRA PRADESH**  
(G.O.Ms.No.178 Industries and Commerce (IP) Dept., dated.21/06/2005 read with G.O.Ms.No.327 Industries and Commerce (IP) Dept., dated.13/12/2005)

**PART - A**

**CLAIM**

To be filled by DIC/ Commissionerate of Industries.									
Date of receipt in DIC:									
DIC File No.:									
Date of receipt in Commissionerate:									
Commissionerate File No.:									

To be filled by Applicant

**1.0. Details of Industry:**

1.1. Name of the unit:


1.2 Name of the Managing Director / Managing Partner / Proprietor:


**2.0. Address of the Unit:**

2.1 Office:


2.2 Factory location:


**3.0.Status:**

3.1. Constitution of the Organisation & Industry status (Pl.  mark)

Proprietary  Partnership  Pvt. Ltd.  Limited

3.2. New Industry  Expansion  Diversification

3.3 Date of Commencement of Production:

3.4 PMT SSI Registration No:

Date:






8.0. Approved / Estimated Project cost, Term loan sanctioned and released, assets acquired etc.

	Name of Asset	Approved Project Cost	Loan Sanctioned	Equity from the promoters	Loan Amount Released	Value of assets (as certified by financial institution).	Value of assets certified by Chartered Accountant
	1	2	3	4	5	6	7
8.1.	Land						
8.2.	Building						
8.3.	Plant & Machinery & Equipment						
8.4	Preliminary & Pre operative expenses						
8.5.	Tech. Know how / feasibility study / Turnkey charges.						
8.6.	Working Capital						
8.7.	Others.						
	Total						

Note : The data on the above should be prior to date of filing of claim or within 6 months of Commencement of production, whichever is earlier.

- 9.0. Means of Finance :
- 9.1. Equity from Promoters/Shareholders / Partners.
- 9.2. Public Issue :
- 9.3. Preferential Issue :
- 9.4. Loans sanctioned ( In Rs. ) :

10.0. Total amount subsidy already availed:

- 10.1. Scheme :
- 10.2. Amount :

11.0	Second Hand Machinery value in Rs	New Machinery value in Rs.	Total Value in Rs. (1+2)	% of Second Hand Machinery value in the Total Machinery value.	Value of the Machinery purchased from APIDC/ APSFC/ Bank in Rs.	Total value in Rs. (2+5)
	1	2	3	4	5	6

12.0. Registration with Commercial taxes Department Registration,  
APGST No. : Date  
CST No. : Date  
Concerned Authority : ACTO/C.T.O./D.C.T.O./Dy Commissioner

Address :

- 13.0. **Incentives applied for (in Rs.) on fixed capital investment:**
- 13.1. Investment Subsidy (15% of Investment Rs. Subsidy or maximum of Rs 15.00 lakhs) :
- 13.2. Additional investment subsidy of 5% limited Rs. to Rs.5 Lakhs for SC/ST entrepreneurs:
- 13.3. Additional investment subsidy of 5% limited Rs. to Rs.5 Lakhs for Women entrepreneurs:  
Total: Rs.

**DECLARATION**

- 14.1. I / We hereby confirm that the contents of the claim application are true to the best of my /our knowledge.
- 14.2. I / We abide by the provision under Industrial Investment Promotion Policy Scheme 2005-2010. State Incentives and further abide by the changes / modifications made by the State Government under G.O.Ms.No. 178, Industries & Commerce (IP) Department, dated:21/06/2005. I / We also abide by the decisions of Industries & Commerce Department.
- 14.3. I / We shall not change the location of the whole or part of the industrial unit or effect any substantial contraction over disposal of substantial part of its total capital investment within a period of six (6) years after the unit commences production.
- 14.4. I / We assure that the State incentives (Capital subsidy) applied for will be used solely for the development of the unit and shall produce utilisation certificate to the District Industries Centre (DIC) within one year and furnish annual progress report and certified copy of audited accounts to the DIC for a period of six (6) years.
- 14.5. I / We confirm that subsidy was availed under the Government schemes mentioned at para No.10.5.
- 14.6. If the amount of Investment Subsidy are found to be disbursed in excess of the amount actually admissible whatsoever the reason, I/We hereby agree that I/We shall forthwith repay the amount released to me/us under the scheme.
- 14.7. I / We shall agree that apart from other consequences. I / We will forego the eligibility for the continuance of incentives and other financial concessions for further years if these incentives / financial concessions were obtained by misrepresentation of facts or in case of misutilisation. I / We not only agree to pay back these incentives / financial concessions but also authorise State Government to call back the same through summary proceedings under the provisions of R.R.Act 1864.

Station :  
Date :

Signature of Authorised Person  
with Firm /Office Seal.

**CHARTERED ACCOUNTANT CERTIFICATE**

I/We hereby confirm that I/We have examined the prescribed registers, books of account and the bank statement in respect of the above unit and Certified to be true the expenditure under Col(&) of Sl.No. 8.0.

I/We fully understand that any submission made in this certificate if proved incorrect or false, will render me/us liable to face any penal action or other consequences as may be prescribed in the law or otherwise warranted.

Signature & Stamp/seal of the Signatory\_\_\_\_\_

Name\_\_\_\_\_

Membership No.\_\_\_\_\_

Full address\_\_\_\_\_

Name and address of the Institution where registered.

Date:

Place:

PART - B  
VERIFICATION -CUM- RECOMMENDATION OF G.M, DIC

- 1.1. Name and Address of the Industry :
- 1.2. Name of the Inspecting Officer :
- 1.3. Designation :
- 1.4. Date(s) of Inspection :
- 1.5. Person (from Industry) present at the time of Inspection. :
- 2.0. Verification certificate

Certified that contents of the claim under Part-A and the document indicated in Part-c of this claim application were verified and found correct. The plant and machinery and equipment was physically verified as per the statement of machinery and found them duly installed and put on work . Further certified that the fixed assets claimed for incentives are essentially required for carrying and the production in which the industry is engaged in.

3.0. Project Details:

3.1. New unit.

Line of activity	Units	Installed capacity	Value

3.2. Expansion/ Diversification Project

	Line of activity	Installed Capacity (in units)	% of increase under Expansion/ Diversification Project
Existing Unit			
Expansion/ Diversification Project			

3.3. Fixed Capital Investment(in Rs.)

Nature of Assets	Existing Unit	Expansion/ Diversification Project	% of increase under Expansion/ Diversification Project
Land			
Building			
Plant & Machinery			
Total			

3.4	Date of commencement of production	
3.5	Date of issue of Regd. Notice calling shortfall documents/information	
3.6	Date of claim taken to call book due to non Receipt of shortfalls documents	
3.7	Date of receipt of shortfall documents/information.	

4.0.0 Capital cost computed & recommended in Rs.

4.1.0 Land:

4.1.1.	<u>Extent in Sq.Mtrs</u>	<u>Built up area in Sq.Mtrs</u>	<u>5 times built up area in Sq.Mtrs</u>	<u>Extent eligible Land in Sq.Mtrs</u>

(in Rupees)

4.1.2.	Land cost	Stamp duty	Regn. Fees	Total	Approved Project cost	Proportionate eligible value
4.1.3	Computed cost			Rs.		

4.2.0 Building and other civil works:

4.2.1 Approved Project cost :

4.2.2	Value of the items 8.2.2 to 8.2.10 of guideline	Plinth area	Rate as per the APSFC norms	Value
4.2.3	Value of the items 8.2.11 to 8.2.17 and similar items of guidelines not to exceed 10% of the total value of the civil works.			
4.2.4	Total Value			
4.2.5	Computed cost :		Rs.	

4.3.0 Plant and Machinery and Equipment ( PM&E ) :

4.3.1.	As per approved project cost	As per list of Plant & Machinery	Tech.Know how and study and turnkey charges not to exceed 10% of PM & E	2 <sup>nd</sup> hand machinery Value	% of 2 <sup>nd</sup> hand Machinery	Total
4.3.2	Computed Cost:		Rs.			

4.4.0. Total Cost computed:

(In Rupees)

4.4.1	Land (4.1.3)	
	Buildings (4.2.5)	
	Plant & Machinery (4.3.2)	
	Total	

2.0. Recommended for sanction of investment subsidy mentioned below, subject to produce the following approvals/documents:

- a)
- b)

**Investment Subsidy**

- 6.1. 15% Investment Subsidy on fixed capital investment limited to 15.00 lakhs) :
  - 6.2. An additional investment subsidy of 5% limited to Rs.5 Lakhs for SC/ST entrepreneurs :
  - 6.3. An additional investment subsidy of 5% limited to Rs.5 Lakhs for Women entrepreneurs. :
- Total :

Signature of Inspecting Officer

Remarks of the General Manager :

The applicant unit is eligible for said incentives and the claim is in order. The computation of capital cost has been done as per the provisions under the scheme only. I recommend sanction of incentives.

Signature of General Manager.

## PART - C

## CHECK - SLIP

- 1.0.0 Document Enclosed
- 1.1.0 Certificate from the concerned financing institution showing term loan released and the value of assets acquired as on prior to filing of claim/within 6 months from the date of commencement of commercial production whichever is earlier together with other details and machinery statement as a statement of account in the form prescribed in case of institutionally financed units.
- OR
- List of Plant & Machinery & Equipment purchased and installed with attested copies of bills in the prescribed form along with Civil Valuation certificate in the prescribed form in respect of all other units.
- 1.2.0 Caste Certificates issued by concerned M.R.Os  
in case of SC/ST Yes/No/N.A
- 1.3.0 Certificate from the Chartered Accountant  
and % of holding of equity in the company by  
each partner/directors. Yes/No/N.A
- 1.4.0 Regd. Partnership Deed/Articles of Association and Memorandum of Association in case of Pvt. Ltd and Limited companies along with incorporation certificate/ Bye-laws in case of Indl. Cooperative along with Registration Certificate. Yes/No/N.A
- 2.0.0 Documents in original to be produced to the inspecting officer of DIC for verification (tick appropriate)
- 2.1.0 Approval of Director of Factories & Boilers, No. & Date: Yes/No/N.A
- 2.2.0 Approval of Director of Town & Country Planning / UD Yes/No/N.A
- 2.4.0 Regular approval of Municipality or Gram Panchayat. Yes/No/N.A
- 2.5.0 Consent for Establishment from APPCB Yes/No/N.A
- 2.6.0 Consent for Operation from APPCB Yes/No/N.A
- 2.7.0 Power release Certificate from APTRANSCO Yes/No/N.A
- 2.8.0 Environmental clearance (if any) Yes/No/N.A
- 2.9.0 Other statutory approvals (specify) Yes/No/N.A
- 3.0.0 Provisional SSI Registration Yes/No/N.A
- 4.0.0 Permanent SSI Regn. Certificate Yes/No/N.A
- 5.0.0 Project Report Yes/No/N.A
- 6.0.0 Term loan sanction letters Yes/No/N.A
- 7.0.0 Board Resolution authorizing to sign and file claim etc., in case of Pvt./Ltd., Companies, Cooperatives and similar authorization in respect of partnership firms. Yes/No/N.A
- 8.0.0 Registered land Sale deed/Premises Lease deed/Allotment Letters from APIIC/I.T.Parks Yes/No/N.A

9.0.0 In respect of first Public issue certificate issued by appropriate authority on the date of issue. Yes/No/N.A  
C.A. / C.E. Certificate regarding 2<sup>nd</sup> hand plant & machinery  
C.E. Certificate for Self fabricated machinery

N.A: = Not Applicable

Signature of Authorised Person with firm / Office Seal

// Attested //

Inspecting Officer / General Manager.





5. Fixed Capital Investment (in Rs.)

Nature of Assets	New /Existing Unit	Expansion/ Diversification Project	% of increase under Expansion/ Diversification Project
Land			
Building			
Plant & Machinery			
Total			

6. Line of Activity.

	Line of activity	Installed Capacity (in units)	Value in Rs.
New /Existing Unit			
Expansion/ Diversification Project			
% of capacity increase under Expansion/ Diversification Project			

7 Details of Term loan sanctioned and availed:						
Type of loan	Name of the Financial Institution	Loan A/c No.	Sanction order No & Date	Amount sanctioned	Rate of Interest	Term loan released
1	2	3	4	5	6	7
8 Interest subsidy claimed:						
	Interest on Term loan for the half year ending	Rate of interest charged over & above the PLR	Interest paid	Eligible (3% or 5%)	Amount claimed	

**DECLARATION**

I / We hereby confirm that to the best of our knowledge and belief, information given herein before and other papers enclosed are true and correct in all respects. We further undertake to substantiate the particulars about promoter(s) and other details with documentary evidence as and when called for.

I/We hereby agree that I/We shall forthwith repay the amount to me/us under scheme. If the amount of Interest Subsidy are found to be disbursed in excess of the amount actually admissible whatsoever the reason.

Station :

Signature of Authorised Person

Date :

with Firm /Office Seal.

**CHARTERED ACCOUNTANT CERTIFICATE**

I/We hereby confirm that I/We have examined the prescribed registers, books of account and the bank statement in respect of the above unit.

I/We fully understand that any submission made in this certificate if proved incorrect or false, will render me/us liable to face any penal action or other consequences as may be prescribed in the law or otherwise warranted.

Signature & Stamp/seal of the Signatory\_\_\_\_\_

Name\_\_\_\_\_

Membership No.\_\_\_\_\_

Full address\_\_\_\_\_

Name and address of the Institution where registered.

Date:

Place:

- The following documents to be furnished:
  - a) Term loan Sanction letter
  - b) Certificate from financial institutions in prescribed form.
  - c) PMT SSI Registration

RECOMMENDATION:

Amount claimed in Rs. :

Amount recommended in Rs. :

Designation & Signature of inspecting Officer.

Remarks of the General Manager :

The applicant unit is eligible for said incentives and the claim is in order. The computation of capital cost has been done as per the provisions under the scheme only. I recommend sanction of incentives.

Signature of General Manager.





6.7.	Others.						
	Total						

- 7.0. Means of Finance :
- 7.1. Equity from Promoters/Shareholders/  
Partners. :
- 7.2. Seed Capital from Financing Institution  
under National Equity Fund (NEF) scheme  
:
- 7.3. Seed Capital grant from State Government  
(@ 5% of the project cost limited to Rs. 5  
lakhs) :
- 7.4. Unsecured loans if any :  
Loans sanctioned ( In Rs. ) :
- Total

8. Registration with Commercial taxes Department Registration,  
APGST No. : Date  
CST No. : Date  
Concerned Authority : ACTO/C.T.O./D.C.T.O./Dy Commissioner  
Address :

**DECLARATION**

I / We hereby confirm that to the best of our knowledge and belief, information given herein before and other papers enclosed are true and correct in all respects. We further undertake to substantiate the particulars about promoter(s) and other details with documentary evidence as and when called for.

I/We hereby agree that I/We shall forthwith repay the amount to me/us under scheme. If the amount of seed capital assistance are found to be disbursed in excess of the amount actually admissible whatsoever the reason.

Station : Signature of Authorised Person  
Date : with Firm /Office Seal.

**CHARTERED ACCOUNTANT CERTIFICATE**

I/We hereby confirm that I/We have examined the prescribed registers, books of account and the bank statement in respect of the above unit.

I/We fully understand that any submission made in this certificate if proved incorrect or false, will render me/us liable to face any penal action or other consequences as may be prescribed in the law or otherwise warranted.

Signature & Stamp/seal of the Signatory\_\_\_\_\_

Name\_\_\_\_\_

Membership No.\_\_\_\_\_

Full address\_\_\_\_\_

Name and address of the Institution where registered.

Date:

Place:

- The following documents to be furnished:
  - a) Sanction letter of term loan and seed capital loan from Financial Institution.
  - b) Community Certificate issued by concerned MRO for SC/ST Enterpreneurs.
  - c) Memorandum of Articles/Registered Partnership Deed

d) PMT SSI Registration.

RECOMMENDATION:

1. Amount claimed in Rs. :
2. Amount recommended in Rs. :

Designation & Signature of inspecting Officer.

Remarks of the General Manager :

The applicant unit is eligible for said incentives. The claim is in order. The computation of capital cost has been done as per the provisions under the scheme only. I recommend sanction of incentives.

Signature of General Manager.





5. Fixed Capital Investment(in Rs.)

Nature of Assets	Approved Project cost for New Expansion/ Diversification Project	Existing project	New or Expansion/ Diversification Project	% of increase under Expansion/ Diversification Project
Land				
Building				
Plant & Machinery				
Total				

6. Line of Activity.

	Line of activity	Installed Capacity (in units)	% of increase under Expansion/ Diversification Project
New /Existing Unit			
Expansion/Diversification Project			

**Note:** In respect of Expansion/Diversification projects, units involving atleast 25% enhancement on fixed capital investment and Capacity are eligible for claiming incentives

7	Sales Tax Regn. No & Date APGST CST			
8	Installed capacity of the existing unit as certified by the financial institution/ chartered accountant			
9	Production details preceding three years before expansion/ diversification project as certified by the financial institution/ chartered accountant	Year	Units	Total production
		1		
		2		
		3		
10	Sales Tax reimbursement already availed by unit if any.	1 <sup>st</sup> year (200 -20 )		Rs.
		2 <sup>nd</sup> year (200 -20 )		Rs.
		3 <sup>rd</sup> year (200 -20 )		Rs.
		4 <sup>th</sup> year (200 -20 )		Rs.
		Total		Rs.
11	Details of the tax paid by the unit for the preceding year as certified by Commercial Tax Department from the date of commencement of production:			
Year				
200 -20		200 -20		200 -20
12	25% Reimbursement amount claimed by the unit	Rs.		

**DECLARATION**

I / We hereby confirm that to the best of our knowledge and belief, information given herein before and other papers enclosed are true and correct in all respects. We further undertake to substantiate the particulars about promoter(s) and other details with documentary evidence as and when called for.

I/We hereby agree that I/We shall forthwith repay the amount to me/us under scheme. If the amount of Reimbursement of tax are found to be disbursed in excess of the amount actually admissible whatsoever the reason.

Station :

Signature of Authorised Person

Date :

with Firm /Office Seal.

• The following documents to be furnished:

- a) Statement of Accounts in prescribed form for the first time of the claim.
- b) List of plant & machinery for the first time of the claim.
- c) Civil valuation report in prescribed format duly certified by approved Civil Engineer for the first time of the claim.
- d) PMT SSI Registration /IEM / IL for the first time of the claim.
- e) Certificate from concerned CTO as prescribed at Form – A.
- f) Production Particulars for the last –3- years and Column No. 5 & 6 of the application duly certified by Chartered Accountant for the first time of the claim.

**RECOMMENDATION:**

1. Amount claimed in Rs. :

2. Amount recommended in Rs. :

Designation & Signature of inspecting Officer.

Remarks of the General Manager :

The applicant unit is eligible for said incentives and the claim is in order. The computation of capital cost has been done as per the provisions under the scheme and within the ceiling limit. I recommend sanction of incentives.

Signature of General Manager.



6.0. Line of Activity.

	Line of activity	Installed Capacity (in units)	Value in Rs.
New /Existing Unit			
Expansion/Diversification Project			
% of capacity increase under Expansion/Diversification Project			

7 Details of Equipment Purchased for technology upgradation.

Sl. No	Name of the equipment	Name & address of the supplier	Bill No. & Date	Cost of the Equipment in Rs.	APGST / CST in Rs.	Excise Duty in Rs.	Freight Charges in Rs.	Other Charges in Rs.	Total in Rs.
1	2	3	4	5	6	7	8	9	10
1									
2									
3									
4									

8 Amount of subsidy sanction by SIDBI under CLCS scheme in Rs.

9 Amount of subsidy claimed in Rs.

**DECLARATION**

I / We hereby confirm that to the best of our knowledge and belief, information given herein before and other papers enclosed are true and correct in all respects. We further undertake to substantiate the particulars about promoter(s) and other details with documentary evidence as and when called for.

I/We hereby agree that I/We shall forthwith repay the amount to me/us under scheme. If the amount of Reimbursement are found to be disbursed in excess of the amount actually admissible whatsoever the reason.

Station :  
Date :

Signature of Authorised Person  
with Firm /Office Seal.

**CHARTERED ACCOUNTANT CERTIFICATE**

I/We hereby confirm that I/We have examined the prescribed registers, books of account and the bank statement in respect of the above unit.

I/We fully understand that any submission made in this certificate if proved incorrect or false, will render me/us liable to face any penal action or other consequences as may be prescribed in the law or otherwise warranted.

Signature & Stamp/seal of the Signatory\_\_\_\_\_

Name\_\_\_\_\_

Membership No.\_\_\_\_\_

Full address \_\_\_\_\_

Name and address of the Institution where registered.

Date:

Place:

• The following documents to be furnished:

- a) Original purchase Bills and payment proof duly certified by the Financial Institution.
- b) PMT SSI Registration.
- c) Single Window approvals.

RECOMMENDATION:

1. Amount claimed in Rs. :

2. Amount recommended in Rs. :

Designation & Signature of inspecting Officer.

Remarks of the General Manager :

The applicant unit is eligible for said incentives. The claim is in order. The computation of capital cost has been done as per the provisions under the scheme only. I recommend sanction of incentives.

Signature of General Manager.

**APPLICATION CUM VERIFICATION FOR REIMBURSEMENT OF CERTIFICATION CHARGES FOR ACQUIRING QUALITY CERTIFICATION COST UNDER INDUSTRIAL INVESTMENT PROMOTION POLICY**

**(IIPP) – 2005-2010 SCHEME OF ANDHRA PRADESH**

(G.O.Ms.No.178 Industries and Commerce (IP) Dept., dated.21/06/2005 read with G.O.Ms.No.327 Industries and Commerce (IP) Dept., dated.13/12/2005)

1. (a) Name and Address of the Unit :  
(Office & Factory Location(s))  
  
(b) Telephone No. Factory & Office :  
  
(c) E-mail & Fax No :  
  
2. PMT SSI Registration/IEM/IL/EOU No :  
Date :  
(Enclose an attested copy)
3. Item(s) of manufacture/processing As indicated in the PMT SSI/IEM/IL/EOU registration
4. Proof of functional status of the unit as on the date of submission of Application.  
(A certificate (in original) from State DI/GM,DIC Confirming functional status of the unit at the time of acquiring ISO-9000/ISO 14001/HACCP – certificate)
5. **Details of ISO 9000/ISO 14001/HACCP Certificate**  
Name and address of certification agency :  
The Certificate must have address of the site/location certified: Scope of certification, Certificate No, date of issue & period of validity (or date of expiry) Name & Logo & Number of the Accreditation Body/Board.  
(Enclose an attested copy of the Certificate)
6. Details of expenditure incurred in acquiring ISO-9001/ISO-14001/HACCP Certificate (excluding Hotel & Travel expenses & Surveillance charges) Furnish a CA certificate of expenditure (in original) giving the details along with bills and vouchers and proof of payment.
7. Details of reimbursement/grant/subsidy already received, if any, from Centre Govt. (including DC(SSSI) /State Govt./ Financial Institution etc. For acquiring ISO-9001/ISO-14001/HACCP Certificate (furnish, an Undertaking/declaration (in original) from the Managing Director/ Director Proprietor/Partner of the unit duly sworn before a Notary.

DECLARATION

(full name).....S/o ..... Managing Director/ Director Proprietor / Partner is .....(complete address) hereby declare that the particulars given in the application are correct. In case any of the statement/information furnished in the application / documents later found to be wrong or incorrect or misleading, I do hereby bind myself and my unit to pay to the Government on demand the full amount received as reimbursement in respect of above mentioned activity, within seven days of the demand being made to me in writing.

I/We hereby agree that I/We shall forthwith repay the amount to me/us under scheme. If the amount of Quality certification charges are found to be disbursed in excess of the amount actually admissible whatsoever the reason.

Station :  
Date :

Signature of Authorised Person  
with Firm /Office Seal.

CHARTERED ACCOUNTANT CERTIFICATE

I/We hereby confirm that I/We have examined the prescribed registers, books of account and the bank statement in respect of the above unit.

I/We fully understand that any submission made in this certificate if proved incorrect or false, will render me/us liable to face any penal action or other consequences as may be prescribed in the law or otherwise warranted.

Signature & Stamp/seal of the Signatory\_\_\_\_\_

Name\_\_\_\_\_

Membership No.\_\_\_\_\_

Full address\_\_\_\_\_

Name and address of the Institution where registered.

Date:

Place:

1) Note :The copy of SSI/IEM/IL/EOU Certificate, ISO -Certification must be attested by GM, DIC concerned.

RECOMMENDATION:

Amount claimed in Rs. :

Amount recommended in Rs. :

Designation & Signature of inspecting Officer.

Remarks of the General Manager :

The applicant unit is eligible for said incentives. The claim is in order. The computation of capital cost has been done as per the provisions under the scheme only. I recommend sanction of incentives.

Signature of General Manager.

**APPLICATION CUM VERIFICATION FOR REIMBURSEMENT ON EQUIPMENT  
PURCHASED FOR CLEANER PRODUCTION MEASURES UNDER INDUSTRIAL  
INVESTMENT PROMOTION POLICY (IIPP) – 2005-2010 SCHEME OF ANDHRA PRADESH**  
(G.O.Ms.No.178 Industries and Commerce (IP) Dept., dated.21/06/2005)

**1.0. Details of Industry:**

1.1. Name of the unit:


1.2 Name of the Managing Director / Managing Partner / Proprietor:


**2.0.Address of the Unit:**

2.1 Office:


2.2 Factory location:


**3.0.Status:**

2.1. Constitution of the Organisation (Pl.  mark)

Proprietary  Partnership  Pvt. Ltd.  Limited  Coop.

3.2 Date of Commencement of Production:

3.3 PMT SSI Registration/IEM/IL No:

Date:


4. Status of the Industry: (Pl.  mark)

New Industry  Expansion  Diversification

5. Fixed Capital Investment(in Rs.)

Nature of Assets	New /Existing Unit	Expansion/ Diversification Project	% of increase under Expansion/ Diversification Project
Land			
Building			
Plant & Machinery			
Total			



6. Line of Activity.

	Line of activity	Installed Capacity (in units)	Value in Rs.
New /Existing Unit			
Expansion/Diversification Project			
% of capacity increase under Expansion/Diversification Project			

7 Details of Equipment Purchased for Cleaner production measures:									
Sl. No	Name of the equipment	Name & address of the supplier	Bill No. & Date	Cost of the Equipment in Rs.	APGST / CST in Rs.	Excise Duty in Rs.	Freight Charges in Rs.	Other Charges in Rs.	Total in Rs.
1	2	3	4	5	6	7	8	9	10
1									
2									
3									
4									

8 Amount of subsidy claimed in Rs.(25% limited to Rs. 5.00 lakhs) 

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**DECLARATION**

I / We hereby confirm that to the best of our knowledge and belief, information given herein before and other papers enclosed are true and correct in all respects. We further undertake to substantiate the particulars about promoter(s) and other details with documentary evidence as and when called for. I/We hereby agree that I/We shall forthwith repay the amount to me/us under scheme. If the amount of Reimbursement are found to be disbursed in excess of the amount actually admissible whatsoever the reason.

Station :  
Date :

Signature of Authorised Person  
with Firm /Office Seal.

**CHARTERED ACCOUNTANT CERTIFICATE**

I/We hereby confirm that I/We have examined the prescribed registers, books of account and the bank statement in respect of the above unit.

I/We fully understand that any submission made in this certificate if proved incorrect or false, will render me/us liable to face any penal action or other consequences as may be prescribed in the law or otherwise warranted.

Signature & Stamp/seal of the Signatory\_\_\_\_\_

Name\_\_\_\_\_

Membership No.\_\_\_\_\_

Full address\_\_\_\_\_

Name and address of the Institution where registered.

Date:

Place:

• The following documents to be furnished:

- a) Original purchase Bills and payment proof duly certified by the Financial Institution in case of Bank Finance or C. A. in case of Self Finance.
- b) PMT SSI Registration/IEM/IL.
- c) Single Window approvals.

RECOMMENDATION:

Amount claimed in Rs. :

Amount recommended in Rs. :

Designation & Signature of inspecting Officer.

Remarks of the General Manager :

The applicant unit is eligible for said incentives. The claim is in order. The computation of capital cost has been done as per the provisions under the scheme only. I recommend sanction of incentives.

Signature of General Manager.



6. Line of Activity.

	Line of activity	Installed Capacity (in units)	Value in Rs.
New /Existing Unit			
Expansion/Diversification Project			

7 Date of patent registration obtained:

8 Patent registration No.

9 Line of activity

10 Expenditure made on patent registration with detailed heads. in Rs.

11. Amount Claimed in Rs.

**DECLARATION**

I / We hereby confirm that to the best of our knowledge and belief, information given herein before and other papers enclosed are true and correct in all respects. We further undertake to substantiate the particulars about promoter(s) and other details with documentary evidence as and when called for.

I/We hereby agree that I/We shall forthwith repay the amount to me/us under scheme. If the amount of patent registration are found to be disbursed in excess of the amount actually admissible whatsoever the reason.

Station :  
Date :

Signature of Authorised Person  
with Firm /Office Seal.

**CHARTERED ACCOUNTANT CERTIFICATE**

I/We hereby confirm that I/We have examined the prescribed registers, books of account and the bank statement in respect of the above unit.

I/We fully understand that any submission made in this certificate if proved incorrect or false, will render me/us liable to face any penal action or other consequences as may be prescribed in the law or otherwise warranted.

Signature & Stamp/seal of the Signatory\_\_\_\_\_

Name\_\_\_\_\_

Membership No.\_\_\_\_\_

Full address\_\_\_\_\_

Name and address of the Institution where registered.

Date:

Place:

- The following documents to be furnished:
  - a) Copy of patent registration certificate and payment receipts.
  - b) PMT SSI Registration/IEM/IL.

c) Single Window approvals.

**RECOMMENDATION:**

1. Amount claimed in Rs. :

2. Amount recommended in Rs. :

Designation & Signature of inspecting Officer.

Remarks of the General Manager :

The applicant unit is eligible for said incentives. The claim is in order. The computation of capital cost has been done as per the provisions under the scheme only. I recommend sanction of incentives.

Signature of General Manager.

TO BE FILLED ALONG WITH CLAIM FOR AIDED UNITS

STATEMENT OF ACCOUNTS IN RESPECT OF AIDED UNITS:

Date:

1. Name & Address of the Unit :

2. Term loan sanction :

Date of filling      Date of      Amount      Sanctioned (in Rs.)  
of application      Sanction

1st Loan

2nd Loan

3rd Loan etc.

3. Project cost, loan sanctions and release, assets acquired (in Rs.)

Nature of Asset	Approved Project Cost (Original)	Quantum of Loan Sanctioned	Institution Margin	Loan Received	Assets Acquired to the extent of Loan Released	Assets which form Part of approved Project Cost but loan was not drawn	Total acquired.
1	2	3	4	5	6	7	8
Land							
Buildings							
Plant & Machinery							
Machinery contingencies							
Erection							
Technical know-how, feasibility study,							
Vehicles							
Total							

4) If the Project is revised, the details. (in Rs.)

Nature of Asset	Revised Approved Project Cost (Original)	Addl. Part of Approved Project Cost	Quantum of Addl. Loan Sanctioned	Quantum of Addl. Loan Received	Proportionate Asset Acquired to the Addl. Loan Released	Assets which form Part of approved Project Cost but loan was not drawn	Total Assets acquired .
1	2	3	4	5	6	7	8
Land							
Buildings							

Plant & Machinery							
Machinery contingencies							
Erection							
Technical know-how, feasibility study,							
Vehicles							
Total							

5. Details of assets:

- a) Land :  
 Extent purchased :  
 Extent considered (in Rs.) :

b) Buildings:

Valuation (Abstract) item-wise with plinth areas, value, etc.

To be furnished in the form, in case of revised project, the additions are to be separately.

c) Plant and Machinery:

- i) Statements on machinery including erection, freight transportation on which term loan was released in the prescribed form given hereunder.

- ii) Statements on machinery including erection, freight transportation on which term loan was not utilised but they form part of approved project cost in the form given hereunder .

Sl. No.	Name of the machine with Specifications	Date of Placement of Order	Name of the Supplier	Bill No. & Date	Amount of the bill including freight, insurance, taxes, etc. (in Rs.)

\* Separate statements on (i) & (ii) above to be furnished.

For self fabricated Machinery, certificate be affixed on the minimum life and cost reasonableness of each item with specification of such machinery.

TO BE FILLED WITH CLAIM APPLICATION BY ALL UNITS.  
(CIVIL ENGINEER'S CERTIFICATE)

I hereby certify that M/s.  
(Name of the industrial unit with complete address)

as against the estimated cost of Rs. (Rupees.....  
..... only) has completed the civil work

(address) as on  
Under:-

1. Value of completed Civil works as per the estimate  
(Item wise details) of the building and civil work  
completed (With plinth area must be shown)  
Rs.
  - a)
  - b)
  - c)
  - d)
2. Expenditure incurred on other items excluding the  
item shown in (1) above pertaining to a factory  
construction. Details of each item to be shown.
  - a)
  - b)
  - c)
  - d)

Total Rs.

Place :

Date :

Civil Engineer of the Financing Institution /  
Chartered Engineer.

Note: In respect of Expansion / Diversification, the value of Civil works should be on the additional constructions taken up for the purpose of Expansion / Diversification only.





4. Sales Tax paid by the unit under the Andhra Pradesh Sales

Tax Act, for the year. : 200 -- 20

(a) Tax paid on sales by it in : Rs. ....  
respect of goods manufactured (in figure)  
by the unit in Andhra Pradesh for (Rupees.....)  
the year (in words)

(b) Central Sales Tax paid by it on : Rs. ....  
Sales in the course of inter (in figure)  
State trade or commerce made (Rupees .....)  
from within Andhra Pradesh for the (in words)  
year.

5. Name of the Bank with its branch : .....  
Name and bank account No. through .....  
Which the payment was made.

6. Registration Certificate No. of the : .....  
Dealer under the Andhra Pradesh Sales .....  
Tax Act. / the Central Sales  
Tax Act,

I duly verify that all the facts and figures furnished above are correct.

Station :  
Date :

Signature of Authorised Person  
with Firm /Office Seal.

(Proprietor/ Partner/ Karta of H.U.F./ Managing Director/ Director/ Principal Officer)

---

(Strike out whichever is not applicable)

CERTIFICATE

It is certified that all the facts and figures furnished by the unit is verified with the records and found correct. The above unit has paid the Sales Tax amount of Rs. \_\_\_\_\_ and also there is no due for the year – 200 - 20 .

Place:

Date:

COMMERCIAL TAX OFFICER  
(concerned)  
Office Seal.

**FORM - B**  
**FORMAT FOR SELF CERTIFICATION UNDER THE PROVISIONS OF**  
**G.O.Ms.No.178 Industries and Commerce (IP) Dept., dated.21/06/2005 read with G.O.Ms.No.327**  
**Industries and Commerce (IP) Dept., dated.13/12/2005**

1	Name of the Industrial Unit			
2	Location			
3	PMT/SSI/IEM Acknowledgment/IL No. & Date			
4	Details of Power:			
	Existing Power connection in HP	New / additional power connection in HP	Date of new/addl. power connection released.	Name of the power supplying company.
5	Date of commencement of regular production			
6	Line of Activity			

**CERTIFICATE**

- i. Certified that we have complied / are complying with all the provisions of G.O.Ms.No.178 Inds. & Com.(IP) Department, Dated:21/06/2005 read with G.O.Ms.No.327 Inds. & Com.(IP) Department, Dated:13/12/2005 made there under, in addition to those specifically mentioned above.
- ii. I/We hereby confirm that the contents mentioned above are true to the best of my / our knowledge.
- iii. I/We abide by the provisions under the Industrial Investment Promotion Policy of Govt. of Andhra Pradesh and further abide by the change/modifications made by the State Government under G.O.Ms.No.178 Inds. & Com.(IP) Department, Dated:21/06/2005 read with G.O.Ms.No.327 Inds. & Com.(IP) Department, Dated:13/12/2005 and also abide by the decisions of Industries & Commerce Department.
- iv. I/We am/are authorized person(s) to issue the above Certificate and the above Certificate is issued with full knowledge of the Statue. I/We am/are jointly and severally responsible for any information found incorrect subsequently and liable for prosecution under the provisions Acts/Code and Rules.
- v. I/We undertake to Refund the concessions claimed if found were obtained by misrepresentation of facts or in case of misuse.

AUTHORISED SIGNATORY:

Name:.....

Designation:.....

Date:.....

Seal:.....

ADVANCED STAMPED RECEIPT

(Paras 21.3, 21..4 & 21.5 of Guidelines)

Received Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) towards  
\_\_\_\_\_ Sanctioned to M/s. \_\_\_\_\_ vide  
Proceedings No. \_\_\_\_\_ Date \_\_\_\_\_ of Additional Director of Industries / General  
Manager, DIC, \_\_\_\_\_ under the New Scheme of Industrial Investment Promotion Policy, vide  
G.O.Ms.No.178, Inds. & Com. (IP) Dept., Dated 21/06/2005 read with G.O.Ms.No.327, Inds. & Com. (IP) Dept.,  
Dated 13/12/2005 cheque No. \_\_\_\_\_ date. \_\_\_\_\_ from the M.D., APSFC with thanks.

Date :

Authorised Signatory.

Place: ( on Re. 1/- Revenue Stamp)

// Attested //

GENERAL MANAGER. DIC.

TO BE FILLED ON RECEIPT OF SANCTION PROCEEDINGS.

Assignment letter.

(Paras 21.3, 21..4 & 21.5 of Guidelines)

We wish to state that we have obtained bridge loan from \_\_\_\_\_

\_\_\_\_\_ (Name of the Financial Institution / Bank) / Not obtained Bridge loan  
from any bank or financing Institution against the State Investment Subsidy (Sanctioned under  
G.O.Ms.No.178, Inds. & Com. (IP) Dept., Dated 21/06/2005 read with G.O.Ms.No.327, Inds. & Com. (IP) Dept.,  
Dated 13/12/2005. We have availed the term loan from (Name \_\_\_\_\_ of the Financial Institution /  
Bank). Kindly send the cheque towards payment of sanctioned  
\_\_\_\_\_, to us through Bank / Branch Name) \_\_\_\_\_  
for being credited to our account.

Date:

Authorised Signatory. Place:

( on Re.1/- Revenue Stamp)

// Attested //

GENERAL MANAGER. DIC.



UTILISATION CERTIFICATE 1. Name of

the Industry with address:

2 SSI / IEM/IL ( Registration No. and Date):

3 Type of sanctioned incentives/concessions:

4 Proceedings No. :

Date :

Amount in Rs.:

5 \_\_\_\_\_ sanctioned received Cheque No. :

Date :

Amount:

Certified that the said \_\_\_\_\_incentives/concessions received by us has been fully utilised for the purpose for which it was sanctioned towards the development of the industry as detailed below.

Purpose	Amount utilised
1.	
2.	
3.	

Signature of the Authorised Person with the Firm/Office Seal.



**ACKNOWLEDGMENT:**

Received Incentives claim Application from

M/s.....

.....

.....

.....Dated .....on.....

Receiver's Signature with Date stamp of DIC.

To be filed along with Interest Subsidy claim  
(Para 5.3.0 of Guidelines Certificate Term Loan)

**CERTIFICATE FOR TERM LOAN**

It is to certify that M/s..... the Small Scale Industrial unit engaged in the manufacture of ..... have been sanctioned a sum of Rs. .... by our financial institution vide sanction No..... dt ..... Towards term loan under loan account No.....  
The unit has repaid principal amount together with interest as detailed below.

Details of disbursements against the sanctioned loan.

Sl.No.	Date of Disbursements	Amount Disbursed	Date of Commencement of Production
1			
2			
3			
4			
<b>Total Amount Disbursed Rs.</b>			

Demand					Payment of Interest				
Term Loan	Total Amount availed	PLR	Rate of Interest	No.of Installments fixed for Repayment	Due date of installment of principal amount	Amount of the installment of principal amount become due	Interest chargeable on the due date of the installment of principal amount (interest against each installment of be shown separately)	Sl.No. of installment	Da pa of Pr Ar
1	2		3	4	5	6	7	8	
1									
2									

3										
4										

- a) Certified that the Interest shown under the demand column is calculated on the principal amount due only but not on loan amount outstanding which includes interest not paid on due date(s) and added to the loan account i.e., compound in affect was not resulted in due to non-payment of interest / principal on due date(s) while calculating the interest.

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**(Name of the Financial Institution)**

**To be filed along with claim application by the self financed units**

Statement of plant, Machinery & Equipment (P.M.E) Purchased and installed by  
M/s.....

In the Industry located at  
.....

**A. NEW PLANT, MACHINERY & EQUIPMENT**

Sl.No.	Name & Specification of Machinery Equipment	Date of Placement of Order	Name and Address of Supplier	Bill No. & Date	Basic Cost (Rs.)
1	2	3	4	5	6

Freight (Rs.)	Others (Rs.)	Total (Rs.)	Whether Cash / Credit Purchase	Payments made against Credit Purchase, Cheque/DD/ No. & Dt.	Receipt No. & Date in token of receipt of amount by Supplier	In resp machine
9	10	11	12	13	14	

**B. SECOND HAND PLANT, MACHINERY & EQUIPMENT**

Sl.No.	Name & Specification of Machinery Equipment	Date of Placement of Order	Name and Address of Supplier	Bill No. & Date	Basic Cost (Rs.)	Taxes D (Rs.)
1	2	3	4	5	6	7

Total (Rs.)	Whether Cash / Credit Purchase	Payments made against Credit Purchase, Cheque/DD/ No. & Dt.	Receipt No. & Date in token of receipt of amount by Supplier	In respect of other than the machines the purpose for which used	Depreciated Value
10	11	12	13	14	15

**Signature of the Applicant**

**C. SELF FABRICATED MACHINERY (STATEMENT OF MATERIALS PURCHASED & WAGES PAID BE APPENDED)**

Sl.No. Cost. (in Rs.)	Name & Specifications of the Item Fabricated
1.	2.
3.	

**Signature of the Applicant**

**CERTIFICATES:**

i) Verified and certified that the depreciated value of each purchase reflected at column 15 of 'B' are correct

ii) Verified and certified that the minimum life of each purchase of second hand machinery reflected at column 16 of 'B' are correct

iii) Verified and certified that the minimum life and cost reasonableness of self fabricated machinery reflected under 'C' are correct.

Signature of Chartered Accountant with Seal affixed

Signature of Chartered Engineer with seal affixed

Signature of Chartered Engineer with seal affixed

**ANNUAL PERFORMANCE REPORT**

**(Industrial Investment Policy – 2005-2010 (G.O.Ms.No.178, Inds. & Com. (IP) Dept., Dated 21/06/2005 read with G.O.Ms.No.327, Inds. & Com. (IP) Dept., Dated 13/12/2005)**

1. LSI / MSI / SSI (Registration No. & Date.)
2. Report for the Year  
Date of receipt.
3. Incentives received

Capital Subsidy

Sales Tax Reimbursement:

Power Consumption Reimbursement:

Stamp Duty Reimbursement:

Land cost Reimbursement in IE/IDAs:

Name of the industry with full postal address	Change in location of unit or change in management if any	If there is break in production period from _____ to _____ and reasons	Production Quantity / unit	Value (Rs.)	Employment		Sales Quantity / unit	Value (Rs.)
					Permanent	Temporary		
1	2	3	4	5	6	7	8	9