Format for the Entrepreneurs Memorandum under the MSMED Act 2006 after the amendments vide notification No. S.O.941(E) dated 07.06.2007

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Form No	
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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.
- THERE IS NO FEE FOR PROCESSING THE MEMORANDUM.
- 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
- LEAVE ONE BLANK BOX AFTER EACH WORD.
- 8. FILL UP WHICHEVER IS APPLICABLE.

ENTREPRENEURS MEMORANDUM NUMBER

- 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 jurisidiction the enterprise is proposed to be located.

Form No. -----
FOR OFFICE USE ONLY

D D M M Y Y Y Y

DATE OF ISSUE

NATURE OF ACTIVITY

(MANUFACTURING-1, SERVICE-2)

CATEGORY OF ENTERPRISE

(MICRO-1, SMALL –2, MEDIUM – 3)

(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 indicting manufacturing or service and seventh box for indicating micro or small or medium) and last five boxes are for Entrepreneurs' Memorandum number)

PART I (To be filled expressing the intent)

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	(iii)	CEL	LL F	PHC	ONE	E NI	JME	BEF	3																	
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(I) VILL	AGE	Ξ/Τ(WC	N																	
C		Œ																			
(II) TEH MAI			LUI	K/																	
	COI	DE																			
(III) DIS	TRI	СТ																			
	COI	DE																			
(IV) ST	ATE																				
	COI	DE																			
(V) PIN	СО	DE																			
(VI) AR	EA;	(Rl	JR/	٦L-	1, L	JRE	BAN	l-2)													
5. CAT	EG	OR'	ΥO	FE	INT	ER	PR	ISE													
(MIC	RO	-1,	SM	ALI	L-2	, MI	EDI	UM	-3)												
6. NAT	URI	ΕO	FΑ	CT	IVI	TY	[Tic	k A	ppr	opr	iate	Во	x (e	es)]							
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(ii)	S	ER	VIC	Œ																
7. NATU (Pere								sua	l-3)												
8. WHE (Yes-				E U	NΙΤ	ΓW	ILL	BE	. AN	IA I	ICII	LLA	.RY								
9. PRO OF P								F IN	IST	ALL	_AT	ION	1			M	М	Υ	Υ	Y	Y

(PROPRIE	F ORGANIZATION TARY – 1, HUF-2, PARTNERSHIP-3, CO-OPE COMPANY-5, PUBLIC LIMITED COMPANY-6			P GF	ROU	P -7	⁷ , OT	THER	-8)	
11. (a) MA	AIN MANUFACTURING/SERVICE ACTIVI	ΤΥ								
	NAME CODE (NIC 98*)								<u> </u>	
(b) PF	RODUCTS TO BE MANUFACTURED/SER	VICE	ТО ВЕ	E PR	OV	IDE	D.			
(i	i) NAME CODE (ASICC2000*)									
(ii) NAME CODE (ASICC2000*)									
(ii	i) NAME CODE (ASICC2000*)									
(iv	v) NAME CODE (ASICC2000*)									
(v	Y) NAME CODE (ASICC2000*)									
office of th Centre or	activities and products/ services as per clas le Development Commissioner (Small Scale In the office where the Entrepreneurs Memoran DR MORE PRODUCTS)	ndustri	es), to l	oe fil	led i	in b	y Dis	strict	Indu	stries
	POSED INVESTMENT IN FIXED ASSETS LAND (OWNED-01/RENTED-02/LEASED		ees lak	h]					Τ]
	APPROXIMATE VALUE							T]
(ii)	BUILDING (OWNED-01/RENTED-02/LEA	ASED-	-03				•]
(iii)	APPROXIMATE VALUE PLANT & MACHINERY (in case of manufacturing enterprise)	VAL	UE*							
(iv)	EQUIPMENT (In case of service enterprise)	VAL	.UE*							
(v)	FOREIGN EQUITY, IF ANY	VAL	.UE*							
* The value i written as to be given.	n the boxes should be filled from right side									

13. INS	STALL	ED CAPICITY (proposed) PER ANNU	М	QTY	UNIT
14. PO	WER	LOAD (ANTICIPATED) H.F	P. / K.W.		
[IF (NO FRC FIRE	ŘEQI POW M (EWOO	HER SOURCE OF ENERGY/POWER JIRED] ER NEEDED -1, COAL-2 OIL-3, LPG-4 GENERATOR-6, NON-CONVENTION/ DD-8) power required, specify reasons;	, ELECTRIC		
		ATE ANNUAL REQUIREMENT CE OF ENERGY		QTY	UNIT
16. EXF	PECT	ED EMPLOYMENT			(NOs.)
((i)	MANAGEMENT & OFFICE STAFF			
((ii)	SUPERVISORY			
((iii)	WORKERS			
		EPRENEURS PROFILE (OF A TION USE SEPARATE SHEETS, IF NI		NERS/DIRECTOR	S OF THE
((a)	NAME			
((i)	Male (M) / Female (F)			
((ii)	SC(1)/ ST (2) / OBC (3) /OTHERS (4) PHYSICALLY CHALLENGED (5))		
((iii)	KNOWLEDGE LEVEL (TECHNICAL GRADEUATE-1, MANAC OTHER GRADUATE-4, UNDERGRADU		,	GRADUATE-3,
((iv)	EQUITY PARTICIPATION (In Rs.)			
		(percentage of total equity)			

(v)	STAKE IN OTHER MANUFACTURING ENTERPRISES (Yes-1, No-2) (ADD ADDITIONAL SHEET, IF NEEDED)
18. EXP	PECTED 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
(b) E	Enclose a self certified copy of Power of Attorney/Board Resolution /Society Resolution, wherever applicable, while signing as Partner/Managing Director or authorized Person. Enclose a certified /notarized copy of the Partnership Deed/Memorandum of ssociation /Articles of Association in case of Medium Enterprises.
	<u>Undertaking</u>
	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)

	<u>ACKNOWLEDGEMEN</u> <u>PART – I</u>	I
SET THE	HAS FILED MEMORANDU UP A(MANUFACTURING/SERVICEFOR THE ITEM ACTIVITY IS PROPOSED TO COMMENCE FROM TO PRM NOAND ALLOCATED ENTREPF DW:	E) ENTERPRISE AT THE ADDRESS M/ITEMS INDICATED BELOW AND THE (DATE) AS STSTED
DET	AIL OF ITEM/ITMES TO BE MANUFACTURED / SER	VICE TO BE PROVIDED
SI. N	o. Item of Manufacture/type of service to be rendered	Capacity in case of manufacture
1. 2. 3. 4. 5.		
(ADI	D ADDITIONAL SHEET IF REQUIRED)	
ГОИ	TE: THE ISSUE OF THIS ACKNOWLEDGEMENT IN RIGHT. THE ENTERPRISE IS REQUIRED LEARANCE/LICENCE/ PERMIT REQUIRED LEARANCE/LICENCE/ PERMIT REQUIRED LEARANCE/LICENCE/ PERMIT REQUIRED LEARANCE/LICENCE/ STIPULATED UNDER THE LAWS OF CENTRE GOVERNMENT/UT ADMINISTRATION/ COURT	IRED TO SEEK REQUISITE JNDER STATUTORY OBLIGATION ENTRAL GOVERNMENT/ STATE
DATI	E OF ISSUE	D D M M Y Y Y Y
	URE OF ACTIVITY NUFACTURING-I SERVICES-2	
	EGORY OF ENTERPRISE CRO-1, SMALL-2, MEDIUM-3)	
ENT	REPRENEURS MEMORANDUM NUMBER	PART - I
boxe	et two boxes are for State/UT code, next three boxes a es are for category of enterprise (sixth box for indi- enth box for indicting micro or small or medium and las	icting manufacturing or service and

DATE PLACE SIGNATURE WITH OFFICE SEAL

FORM No.....

FORM	NO
	110

PART II

(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 N	UMBER (Part I)												
II. DATI	E OF ISSUE					D	D	M	М	Υ	Υ	Υ	Υ
III. MOI	NTH OF COMMENCEMENT OF PRO	DU	CTI	ON/	,			M	 M	 Y	Υ	Y	 Y
ACT	IVITY E OF APPLICANT												
I. INAIVI	E OF APPLICANT								!				
2. (a) A	DDRESS OF COMMUNICATION	_		<u> </u>					1				
						PI	N						
(:)	TELEBUIONE NUMBER								- 1	1		1	
(i)	TELEPHONE NUMBER												
(ii)	FAX NUMBER												
(iii)	CELL PHONE NUMBER												
(iv)	E-MAIL												
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()	WED OITE												
(v)	WEB-SITE												
(b) P	ERMANENT RESIDENTIAL ADDRE	SS	(MA	IN A	\PF	LIC	AN	T)					
			-										
							PI	N					
(i)	TELEPHONE NUMBER												
(ii)	FAX NUMBER												
(iii)	CELL PHONE NUMBER												

(iv) E-MAIL		
(v) WEBSITE		
3. NAME OF ENTERPRISE		
4. LOCATION OF ENTERPRI	SE	
(i) VILLAGE/TOWN		
CODE		
(ii) TEHSIL/TALUK/		
MANDAL		
I		
CODE		
(iii) DISTRICT CODE		
(iv) STATE		
CODE		
(v) PIN CODE		
(vi) AREA; (RURAL-1, URBAN	I-2)	
5. CATEGORY OF ENTERPH (MICRO-1, SMALL-2, MED	_	
6. NATURE OF ACTIVITY [Tid (i) MANUFACTURE (ii) SERVICE		
7. NATURE OF OPERATION (Perennial-1, Seasonal-2, C	asual-3)	
8. WHETHER THE UNIT IS A (Yes-1, No-2)	N ANCILLARY	
9. MONTH OF INSTALLATION OF PLANT & MACHINERY	N	MMYYYY

10. WHETHER THE UNIT IS REGISTERED UNDER FACTORY ACT (Under section 2m (i)/2m(ii)-1, 85(i)/85(ii)-2, not registered-3)
11.TYPE OF ORIGINATION [PROPRIETARY – 1, HUF –2, PARTNERSHIP –3, CO-OPERATIVE-4, PVT. LTD. COMPANY –5, PUBLIC LIMITED COMPANY-6, SELF HELF GROUP- 7, OTHERS –08]
12. (a) MAIN MANUFACTURING/SERVICE ACTIVITY
NAME CODE (NIC 98*)
(b) PRODUCTS TO BE MANUFACTURED/ SERVICE TO BE PROVIDED.
(i) NAME CODE (ASICC2000*)
(ii) NAME CODE(ASICC2000*)
(iii) NAME CODE (ASICC2000*)
(iv) NAME CODE (ASICC2000*)
(v) NAME CODE (ASICC2000*)
(*)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 ADDITIONA SHEET FOR MORE PRODUCTS)
13. (A) INVESTMENT IN FIXED ASSETS [In Rupees lakh] (i) LAND (OWNED -01/RENTED -02/LEASED 03) VALUE*
(ii) BUILDING (OWNED-01/RENTED -02/LEASED 03) VALUE*
(iii) PLANT & MACHINERY VALUE* (In case of manufacturing unit)
(iv) EQUIPMENTS VALUE* (In case of servicing unit)
(v) FOREIGN EQUITY, IF ANY * The value in the boxes should be filled from right side e.g. if value is Rs. 10 Lakh it should be written a This will also apply to all other items (rows) where quantity, number etc to be given.

14. INSTALLED CAPACITY PER ANNUM			QIY UNII
15. POWE	ER LOAD	H.P / K.W.	
(NC ELE	REQUIRED] POWER NEE CTRICITY FRO ERGY/FIREWO	M GENERATOR –6, NON	–3, LPG-4, ELECTRICITY FROM GRID –5, I-CONVENTIONAL ENERGY –7, TRADITIONAL
(b)	INDICATE ANN SOURCE OF E	NUAL REQUIREMENT ENERGY	QTY UNIT
17. EMPLOYMENT			MALE (NOs) FEMALE(NOs)
(i)	MANAGEM	ENT & OFFICE STAFF	
(ii)	SUPERVIS	ORY	
(iii)	WORKERS		
18. TOTAL ANNUAL TURNOVER (In Rs.) (If less than one year of operation, then expected turnover)			
19. EXPORT (If any) (Rs.)			
		S PROFILE (OF A USE SEPARATE SHEET:	LL PARTNERS/DIRECTORS OF THE S, IF NEEDED)
(a)	NAME		
(i)	Male (M) Fe	emale (F)	
(ii)	` '	(2) /OBC (3) / OTHERS – _Y CHALLENGED (5)	- (4)
	NICAL GRADUA		GRADUATE-2, POST GRADUATE -3, OTHER R LOWER-6)

	(iv)	EQUITY PARTICIPATION (In Rs.)			
		(In % of total equity)			
	(v)	STAKE IN OTHER MANUFACTURING ENTERPR (Yes -1, No -2,) (ADD ADDITIONAL SHEET IF NEEDED)	IISES		
21. DATE OF COMMENCEMENT OF PRODUCTION / ACTIVITY					
			D D M M Y Y Y Y		
DATE PLAC					
		SIGNATURE OF THE APPLIC NAME OF THE PROPRIETOR / PAR	CANT / AUTHORIZED PERSON TNER / 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. 					
<u>Undertaking</u>					
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 centeral Government/State Government/UT Administration as per statutory requirements.					
	ATE: _ACE:				
		(SIGNATURE OF THE APP	LICANT /AUTHORIZED PERSON)		

	FORM No
<u>ACKNOWLEDGEMENT</u> PART – II	
<u>FAN I - II</u>	
M/sHAS FILED MEMORAND (MANUFACTURING/SERVICE) ENTERPRISE AT PINFOR THE ITEM/ITEM THE ACTIVITY HAS COMMENCED FROM THE (DATE)	THE ADDRESS IS INDICATED BELOW AND
FORM NO AND ALLOCATED ENTREPRENE BELOW:	
DETAIL OF ITEM/ITMES TO BE MANUFACTURED/SERVICE TO	D BE PROVIDED
SI. No. Item of Manufacture/type of service to be rendered Cap	pacity in case of manufacture
1	
3	
5	
(ADD ADDITIONAL SHEET IF REQUIRED)	
NOTE: THE ISSUE OF THIS ACKNOWLEDGEMENT DOES RIGHT THE ENTERPRISE IS REQUIRED CLEARANCE/LICENCE/ PERMIT REQUIRED UNDER STIPULATED UNDER THE LAWS OF CENTRA GOVERNMENT/UT ADMINISTRATION/ COURT ORDE	TO SEEK REQUISITE R STATUTORY OBLIGATION AL GOVERNMENT/ STATE
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	PART - II
(first two boxes are for State/UT code, next three boxes are for I boxes are for category of enterprise (sixth box for indicting seventh box for indicting micro or small or medium and last five be	manufacturing or service and

DATE PLACE SIGNATURE WITH OFFICE SEAL