Annexure I

| Application for Assistance under The Kerala stressed MSMEs Revival & Rehabilitation Scheme | | | |
|--|----|--|--|
| 1 | | Name of Enterprise | |
| 2 | | Address of the Enterprise | |
| 3 | | Contact Number | |
| 4 | | Name and address of the applicant | |
| 5 | | Udyog Aadhaar/ EM part II No. | |
| 6 | | Constitution of the Unit (Proprietory/Partnership/Company/Society/Others) | |
| 8 | | Date of Commencement of the Unit | |
| 9 | | Activity/Products manufacturing | |
| 10 | | Date from which enterprise identified as sick by bank | |
| 11 | | Name of Bank and Branch | |
| 12 | | Details of Investment (Rs in Lakhs) | |
| | i | Plant & Machinery | |
| i | ii | Other fixed assets | |
| i | ii | Electrification | |
| i | v | Essential office equipments | |
| | | Total | |
| 13 | | Total No.of employees in the unit | |
| 14 | | Benefits applied for | |
| 18 | | Total Assistance Claimed | |

Declaration

I have read the rules of the scheme and undertake to abide by all the provisions herein. Also submit that I have not availed any grant/assistance from Government of Kerala, Government of India or any other Institutions earlier for the same purpose. I declare that the facts stated above are true to the best of my knowledge and belief.

Place Signature