# **ANNEXURE: XI**

### (G.O. Ms. No. 108, Ind. & Com. (P&I) Dept., Dt:14.11.2015)

## APPLICATION CUM VERIFICATION FOR REIMBURSEMENT ON EQUIPMENT PURCHASED FOR CLEANER PRODUCTION MEASURES UNDER INDUSTRIAL DEVELOPMENT POLICY/SECTORAL /MSME POLICY – 2015-2020 OF ANDHRA PRADESH

### **1.0.** Details of Industry:

1.1. Name of the Enterprise:

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										1 1	

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

1.3	TIN No. of the Enterprise/Industry/ Proprietor / Managing Partner / Managing Director:																		

1.4	PAN No. of the Proprietor / Managing Partner / Managing Director:																		

## 2.0. Address of the Enterprise:

2.1 Office:

# 2.2 Factory location:

#### 3.0.Status:

3.1 Category : (Pl. 🗸 mark)
Micro Enterprises Small Enterprises Medium Enterprises Large Industry
3.2. Constitution of the Organisation (Pl. 🖌 mark)
Proprietary Partnership Pvt. Ltd. Limited Coop.
3.3 Date of Commencement of Production:   (Date of Commencement of Production is the date of First Sale Bill/Invoice)

3.4	UAM/EM Part - II/IEM/IL No:
	Date:


4. Status of the	e Industry: (Pl.	$\checkmark$	mark)
New Industry		Ех	pansion

□ Diversification

5. Fixed Capital Investment(in Rs.)

Nature of Assets	New /Existing	Expansion/	% of increase under
	Enterprise	<b>Diversification Project</b>	Expansion/
			Diversification Project
(1)	(2)	(3)	(4)
Land			
Building			
Plant & Machinery			
Total			

(If it is a new enterprise/industry, then column (3) and (4) need not be filled and it may be strike off)

### 6. Line of Activity.

	Line of activity	Units i.e.		Values in Rs.								
		Nos. / Tons/ Ltrs.	Capacity									
New /Existing												
Enterprise												
Expansion/												
Diversification												
Project												
% of incre	% of increase under Expansion/ Diversification Project											

7 Details of Equipment Purchased for Cleaner production measures:

	Beauly of Equipment I dienased for cleaner production measures.								
Sl.	Name of	Name &	Bill	Cost of	APGST	Excise	Freight	Other	Total in
No	the	address	No. &	the	/ CST in	Duty in	Charges	Charges in Rs.	Rs.
	equip-	of the	Date	Equip-	Rs.	Rs.	in Rs.	in Rs.	
	ment	of the supplier		ment in					
				Rs.					
1	2	3	4	5	6	7	8	9	10
1									
2									
3									
4	5								

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

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KS.			

# **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 released 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.