

**Directorate of Industries, Govt. of Uttarakhand**  
**Patel Nagar, Dehradun.**

**Common Application Form I - Single Window Clearance System**

<b>Part I (Personal Details):</b>							
1.	Unique ID (For Office use Only)						
2.	Name of the Company / Unit						
	Correspondence Address						
	Pin Code		Telephone No.				
	Fax No		Email				
	Mobile						
2.1	Name of the Director/ Partner/CEO /Lead Promoter/ Proprietor						
	Telephone No.		Fax No				
	Email		Mobile				
	Category	<input type="checkbox"/> SC	<input type="checkbox"/> ST	<input type="checkbox"/> Women	<input type="checkbox"/> Ex-Serviceman		
		<input type="checkbox"/> Physically Challenged	<input type="checkbox"/> Other				
2.2	Name of Authorized Coordinator/Person						
	Telephone No.		Fax No				
	Email		Mobile				
2.3	Proposed Location	Address	Tahsil	District			
3.	Application Processing Fees						
	Amount						
	Date						
	Transaction /Receipt ID						
4	Nature of your Organization	<input type="checkbox"/>	Proprietary	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Private Limited
		<input type="checkbox"/>	Public Limited	<input type="checkbox"/>	Co-Operative	<input type="checkbox"/>	Others
5	Project Status	<input type="checkbox"/>	New	<input type="checkbox"/>	Expansion	<input type="checkbox"/>	Diversification
<b>Part II (Investment Details):</b>							
6	<b>Category of the Proposed Project</b>						
6.1	<b>(Manufacturing Units):</b>						
6.1.1	Investment in Plant & Machinery	< 25 lakhs			Micro	<input type="checkbox"/>	
		More than 25 Lakhs < 5 Crore			Small	<input type="checkbox"/>	
		More than 5 Crore < 10 Crore			Medium	<input type="checkbox"/>	
		More than 10 Crore			Large	<input type="checkbox"/>	
6.1.2	Products to be Manufactured	Product Description	Annual Install Capacity	Quantity		NIC Code	
	1.						
	2.						
	3.						
6.1.3	Raw Material Description	Name of the Raw Material	Annual Requirement Unit	Quantity			
	1.						
	2.						
	3.						
6.1.4	Brief Description about Manufacturing Process :						
6.1.5	Type of Industry	<input type="checkbox"/>	Green	<input type="checkbox"/>	Orange	<input type="checkbox"/>	Red

6.2	<b>(Services Units):</b>			
6.2.1	Investment in Equipment	< 10 lakhs		Micro <input type="checkbox"/>
		More than 10 Lakhs <2 Crore		Small <input type="checkbox"/>
		More than 2 Crore <5 Crore		Medium <input type="checkbox"/>
		More than 5 Crore		Large <input type="checkbox"/>
6.2.2	Name of Services	1. 2. 3.		
Note:- Please use either 6.1 or 6.2				
7	Investment	(Rs. in Crores)		
	(A) Land			
	(B) Building			
	(C) Plant & Machinery/Equipment			
	(D) Working Capital Margin			
	(E) Other			
	Total (A+B+C+D+E)			
8	Employment	No of employees		
		Male		Female
		(A) Skilled		
		(B) Unskilled		
		(C) Supervisory		
		(D) Engineer		
		(E) IT/ITeS Professional		
		(F) Management		
	Total (A+B+C+D+E+F)			
9	Expected date of commencement of commercial production (MM/YY):			
<b>Part III (Requirements):</b>				
10	Proposed details of Land/Space:			
	<input type="checkbox"/> Notified Land	<input type="checkbox"/> SIIDCUL Land	<input type="checkbox"/> DI Land	<input type="checkbox"/> Rented Space
	<input type="checkbox"/> Own Land/Space	<input type="checkbox"/> Other		
	Details of Land		Details of Leased/Rented Space	
	a) Land in Hectares: _____		a) Area in Sq. Meters: _____	
	b) Details of Plot: _____		b) Details of Space: _____	
	c) Location: _____		c) Location: _____	
11	Water Requirement:-			
	i) Water requirement for project _____ (MCM/Year)			
	ii) Source of Water: _____			
13	Power Requirement:			
	(i) HT/LT Connection: _____			
	(ii) Required load: _____ in KW/HP/MVA			
	(iii) Date of Power Requirement: _____			

14	Approval Details (If Any)					
14.1	If Any Approval Exists with You : (If Yes then fill details)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
			Name of the Department	Name of the Approval	Reference no of the letter	Date of the Approval
	1					
	2					
3						
14.2	Required Approvals (If Any)					
		Name of the Department		Name of the Approval		
	1					
	2					
	3					
*	CHECK LIST Please ensure whether the following documents have been enclosed with the application form (in duplicate)					
	ID Proof (Copy of Pan Card/Aadhar Card)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	Address Proof	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	Partnership Deed/Memorandum of Article/Certificate of Incorporation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	Land/Rent Detail	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	Layout Drawings in Triplicate	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	Project Report	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

### **SELF-DECLARATION**

I, Shri/Smt .....S/o/W/o Shri.....

Aged.....Residence at.....  
(Designation).....of M/s.....  
having Regd. office at.....

hereby declare that the information furnished by me/us to Directorate of Industries, Govt. of Uttarakhand, by our firm/company in this Application Form for setting up an unit are true to the best of my knowledge, belief and is based on the company/firm records. I/We indemnify the above agencies or any other agency under the jurisdiction of Govt. of Uttarakhand from liabilities of any nature that may arise due to the decision taken based on the information contained in this application form which may be inadequate, inaccurate, erroneous etc. and the management of my firm/company assumes complete responsibility in this regard.

Further, our firm/company undertakes to provide any additional information or clarification as required by Directorate of Industries, Govt. of Uttarakhand or its agencies during and after processing of our application.

I/We undertake to pay the fees/charges payable to Directorate of Industries, Govt. of Uttarakhand and its agencies as prescribed under the policy for according approval and charges fixed for water, energy, etc. and other charges fixed by the Govt. of Uttarakhand from time to time.

I/We understand that this approval through Single Window Clearance System is to assist our firm/company in getting statutory clearances expeditiously. I/We indemnify Directorate of Industries, Govt. of Uttarakhand and its agencies from any liabilities whatsoever.

Place.....

Date.....

Authorized Signatory.....

(Official Seal of Firm/Company)

Name of the Authorised person.....

Designation.....

Name of Firm/Company.....