ANNEXURE: XII

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

APPLICATION CUM VERIFICATION FOR REIMBURSEMENT OF COST INVOLVED IN SKILL UPGRADATION AND TRAINING INDUSTRIAL DEVELOPMENT POLICY/SECTORAL/MSME POLICY - 2015-2020 OF ANDHRA PRADESH

1.0. **Details of Industry:**

of the Ent 1.1.

•	Name of the Enterprise:																	

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

L			1	1	-	1	 	 			 I

1.3	TIN	No.	of th	e En	terpri	se/In	dustr	ry/ Pr	oprie	tor /	Mana	aging	; Part	ner /	Man	aging	g Dire	ector:	

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

2.0. Address of the Enterprise:

2.1 Office:

2.2 Factory location:																

3.0.Status:

3.1 Categ	gory : (Pl.	✓ mark)								
Micro Enterp	orises	Small Enterprises	Me	dium Ente	rprise	s	Larg	ge Ind	dustry	
3.2. Constitu	tion of the	Organisation (Pl. 🗸	mark	x)						
Proprietary		Partnership		Pvt. Ltd.		Limit	ed [Coop.	
3.3		mmencement of Produce of Commencement of		tion is the d	late of	First S	ale Bil	ll/Invo	oice)	
3.4	UAM/EM I Date:	Part - II/IEM/IL No:								

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

New Industry Expansion Diversification

5. Fixed Capital Investment(in Rs.)

Nature of Assets	New /Existing	Expansion/	% of increase under
	Enterprise	Diversification Project	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/	Capacity	
		Ltrs.		
New /Existing				
Enterprise				
Expansion/				
Diversification				
Project				
% of incr	ease under Expansion/ Diversification Pr			

The industry/Enterprise are availed the training infrastructure of any 7. Yes / No. Government agency like DRDA etc.? (Pl. ✓ mark)

Name of the skill development Programme: 8.

9. Name of the institute given the training:

10	No. of skilled employment trained by the industry]		
11	Expenditure incurred for training Programme						
12.	Amount Claimed in Rs.						1

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 it is found to be disbursed in excess actually admissible whatsoever the reason.

> Signature of Authorised Person with Firm /Office Seal.

Station : Date :