



सत्यमेव जयते

Government of Gujarat

Implementation Guidelines for Biotechnology Policy 2022-27

Gujarat State Biotechnology Mission
Department of Science & Technology
Government of Gujarat



Department of Science & Technology
(Government of Gujarat)

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Government of Gujarat

Implementation Guidelines for Biotechnology Policy

2022-27

Government of Gujarat
Department of Science & Technology
Government Resolution No: BTP/072022/446/BT
Sachivalaya, Gandhinagar
Dated: 10th August, 2022

Read: 1. GR of DST dated 15th February, 2022, No.: BTP/022022/446/BT

1 Preamble

Government of Gujarat had announced 'Gujarat State Biotechnology Policy (2022-27)' (referred hereinafter as the 'Biotechnology Policy' or 'BT Policy' or 'this Policy'), to encourage investments in the Biotechnology sector in the State. The procedures as well as necessary approval mechanisms to operationalize the 'Biotechnology Policy 2022-27' are elaborated in this 'Implementation Guidelines'.

2 Resolution

In view of the Vision, Mission, Objectives, Targets, and incentives outlined under Biotechnology Policy, the Government of Gujarat is pleased to introduce 'Implementation Guidelines for Gujarat State Biotechnology (BT) Policy 2022-27' which will come into force from the date of issuance of this Government Resolution (GR) and will remain in operation till the operative period of the Biotechnology Policy.

3 Definitions

Definitions under Gujarat State Biotechnology (BT) Policy 2022-27, Government Resolution No.: BTP/022022/446/BT dated 15 February 2022 shall be applicable.

3.1 New Biotechnology (BT) Unit

Entity which has been incorporated for manufacturing of BT products or delivery of BT services on or after the date of announcement of this Policy, anywhere in Gujarat.

Notwithstanding the definition of Existing BT Unit, a BT Unit which has been incorporated for manufacturing of BT products or delivery of BT services in not more than 12 months prior to the date of announcement of BT Policy 2022-27 anywhere in Gujarat.

An existing BT unit, making a separate investment in an independent identifiable location within the State, not amounting to any relocation of its plants or other assets from anywhere within the State, shall be considered as New Biotechnology (BT) Unit.

An existing unit from outside of the State, making a separate investment in the State, shall

also be considered as New Biotechnology (BT) Unit.

3.2 Financial Institution

The financial institutions recognized by the Reserve Bank of India, subject to applicability of revisions/ corrigendum/ amendments as notified from time to time by Reserve Bank of India.

3.3 Term Loan

Term loan means loan sanctioned by the financial institution/ Bank (Except NBFC) for the acquisition of GFCI of the unit. However, only the amount disbursed, not exceeding the GFCI as defined in this Policy, against the sanctioned term loan, will be considered for the incentives under the scheme.

3.4 Commercial Operations Date

The first bill of sale by an entity or first date of contract of services and as appended in point 10.3 hereinafter.

3.5 Operational Assistance Period

Operational Assistance Period shall mean a duration of five (5) years period starting from Commercial Operations Date.

3.6 Beneficiary

Beneficiary shall mean an entity that has submitted acceptance on 'Approval for Assistance' including the Conditions in Clause 13 of Implementation Guidelines, to the Competent Authority.

3.7 Diversification

Notwithstanding the definition of Expansion/ Diversification, Diversification shall mean an investment made in GFCI for a Biotechnology product/ service other than earlier product(s)/ services of the entity.

3.8 Contract Research Organizations (CROs)

CROs are firms/ vendors that undertake contractual tasks of more precise and/ or focused R&D/ Testing functions for the biotechnology industry.

4 Eligibility Criteria/ Conditions

4.1 An applicant shall be considered eligible for availing assistance under this Policy for a period of 5 years from the date of commencement of its commercial operations,

provided it complies to the criteria defined vide Para 5.12, Conditions vide Para 9 (point no.3 to7) of BT Policy 2022-27, subject to submission of valid application in prescribed format, during the operative period of policy (i.e. on or before 31.03.2027).

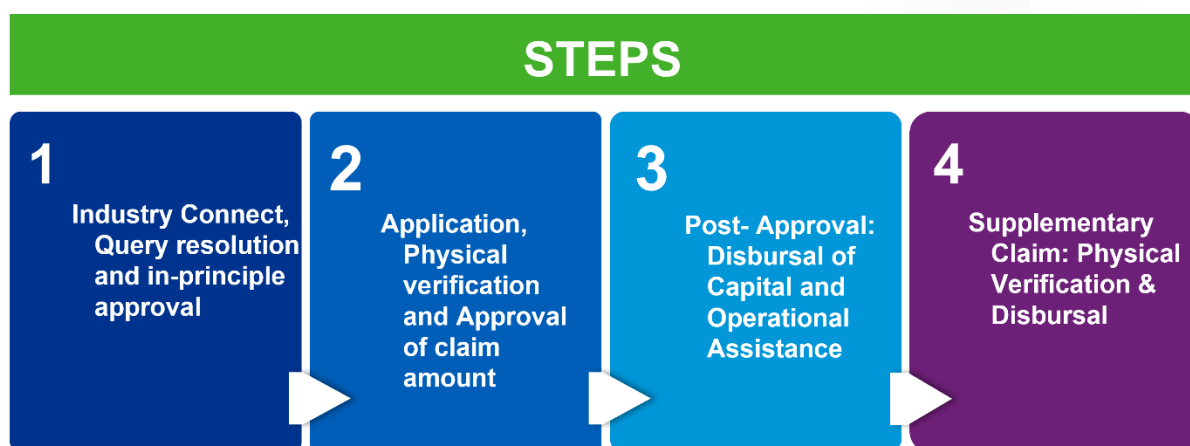
4.2 Existing Biotechnology Units undertaking Expansion, and/ or Existing Units undertaking diversification shall be considered eligible for incentives under this Policy, subject to fulfilment of the following criteria:

- 4.2.1 Actual expansion activities shall amount to at least 10% or more in terms of installed or service capacity. Installed or service capacity as of the date of its board approval for undertaking expansion shall be considered as baseline installed or service capacity for establishing percentage of expansion under the project.
- 4.2.2 Maintain separate Book of Accounts for availing incentives under this policy.
- 4.2.3 Expenditure incurred must be distinct and in an independent identifiable location within the State, not amounting to any relocation of its plants or other assets from anywhere within the State.

4.3 BT Units with date of incorporation or date of commencement of commercial production, (a) falling within the operative period of the policy; (b) falling within 12 months preceding the date of announcement of BT Policy 2022-27, shall be considered eligible for incentives under this policy.

4.4 Existing BT Units undertaking Expansion and/or Existing Units undertaking Diversification with date of approval of the Board for undertaking Expansion/ Diversification, (a) falling within the operative period of the policy; (b) falling within 12 months preceding the date of announcement of this Policy, shall be considered eligible for incentives under this policy.

4.5 All beneficiaries under this Policy, will also get benefit for one-time expansion during the operative period of this Policy, if they so undertake.



5 Industry Connect Platform and Query Resolution

- 5.1** Industry Connect (IC) Platform shall be developed as an online platform to facilitate applicants of the Biotechnology Policy, apart from connecting all stakeholders of Biotechnology sector including Individuals, Companies, and Institutes.
- 5.2** Applicants can seek clarifications regarding their eligibility, etc. apart from filling up information in prescribed format (Annexure 1A) on the online IC Platform.
- 5.3** The Nodal Agency shall clarify, and if the need be, seek additional information/ documents from the applicant; and/ or seek recommendations of the Technical Advisory Committee [TAC].
- 5.4** If the same applicant, having commenced commercial production, wishes to become a beneficiary under BT Policy 2022-27, the applicant may apply in prescribed formats viz. Annexure 2A, 2B, 2C & 2D through online platform, where the already uploaded information on IC Platform shall get auto populated.

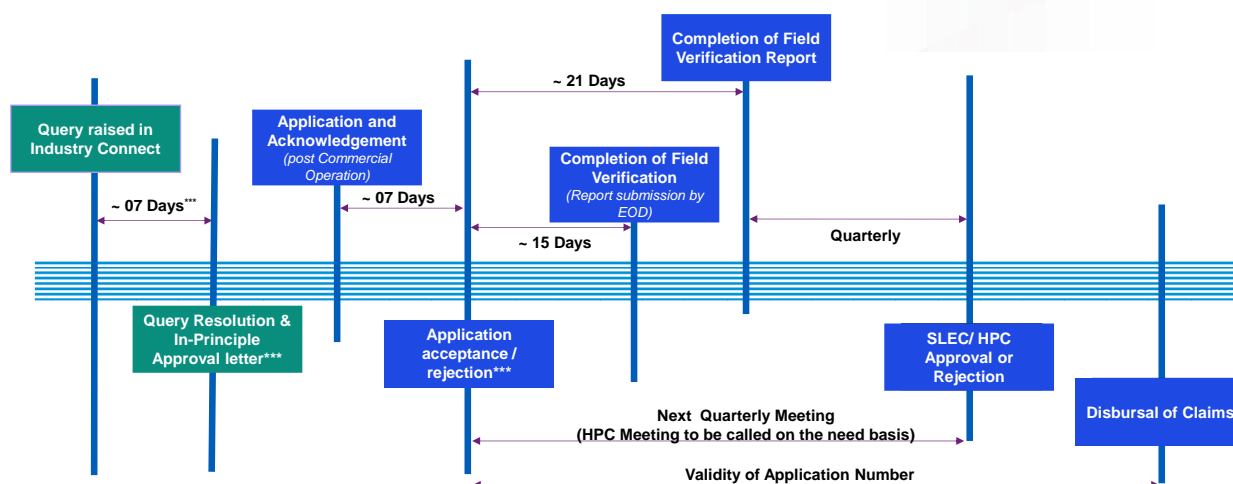
6 Procedure for request for In-principle approval

- 6.1** Post successful submission of industry connect module, applicant can submit the request for In-principle approval in the form of Annexure 1B through online portal.
- 6.2** Applicant shall have to submit the requisite supporting documents as mentioned in Annexure 1B or being called upon from the nodal agency, if any, during the course of the scrutiny of their request.
- 6.3** Nodal agency shall target to issue the In-principle approval within seven (7) days from receipt of request from applicant, subject to necessary compliance in all respect.
- 6.4** Nodal agency, if found desirous, may refer any case/s to Technical Advisory Committee [TAC], during the course of scrutiny. In such case, the In-principle

approval from Nodal agency shall be subject to recommendation of TAC. In such scenario, timeline for issuance of In-principle approvals shall vary.

7 Procedure for Application, issue of Application number, Verification and Approval

- 7.1** Upon successful commercialization, Applicant may submit Application in the format prescribed vide Annexure 2A, 2B, 2C and 2D, including uploading documents.
- 7.2** The Nodal Agency shall scrutinize the application and documents submitted by the applicant, raise queries (that are expected to be resolved by the applicant) and provide an Application Number upon successful resolution of all queries within 7 days; or may reject the Application. The Application Number shall remain unchanged through-out the application process.
- 7.3** The details of eligible and in-eligible components are annexed herewith in Annexure 5.
- 7.4** Application shall include Capital Assistance Claim vide Annexure 2A, 2B and 2D and may raise Operational Claims vide Annexure 2C on periodic basis, upon incurring actual operating expenses for eligible items.
- 7.5** The application shall include details regarding Claim towards Capital Expenses incurred (in 24 months prior to date of Commercialization), as well as the same projected (within 12 months from the date of Commercialization) in the form of Projected Supplementary (Capital) Claim and projected Operational expenditure for entire Operational Assistance Period vide Annexure 2B.
- 7.6** The Nodal Agency shall undertake Physical Verification of Assets through its designated team (within 15 days) and put up the case before the Committee in its ensuing meeting, for its approval. Entity may be called for a presentation before the Committee.
- 7.7** The Committee shall record its decision towards approval of assistance that shall be communicated to the Applicant vide Annexure 3 or reject the application citing reasons.
- 7.8** It will be endeavoured to schedule meeting of the Committee leading to decision within 90 days of Reporting of Verification of Physical Assets.



8 Submission of Claims, Verification and Disbursal of Claims

- 8.1** Since the entities would have necessarily undertaken commercialization before application and the same would be approved by the Committee; Capital Assistance shall be disbursed in Twenty (20) Quarterly instalments, upon the applicant complying with periodic submissions (of Progress Reports, Certificates, etc. as prescribed) mandated.
- 8.2** The Entity may apply only once, towards the Supplementary Capital Claim (Capital Expenses borne within 12 months from Commercial Operations Date) in a format prescribed (Annexure 4).
- 8.3** The total amount claimed under Supplementary Capital Claim shall not exceed 10% of the amount approved towards Capital Claim.
- 8.4** The nodal agency shall undertake scrutiny of claims including physical verification of the assets, claimed towards the Supplementary Capital Claim; and may approve the disbursement of the claims in the remaining quarterly instalments; if the findings are in concurrence to the approvals accorded.
- 8.5** The Operational Assistance and Other Assistances shall be considered for a period of 5 Years from Commercial Operations Date and the Beneficiary may claim Operational and/ or Other Assistances on quarterly, half-yearly or annual basis.
- 8.6** Bills/ payment receipts spread across fiscal quarter/ fiscal half year/ fiscal year shall be submitted in the respective application.
- 8.7** Only amount paid by the beneficiary directly to EPFO and in compliance with EPFO

Notification No. C-I/011(16)2020-21/ABRY/1179 and applicable amendments thereon, shall be considered eligible for EPF Assistance.

9 Schedule of Disbursement

| | Assistance Type | Disbursement Schedule |
|---|--|---|
| 1 | Capital Assistance- Application | On approval of Application by the Committee Twenty(20) Quarterly instalments starting with subsequent Quarter of the financial year spread over operational assistance period, subject to fulfilment of applicable terms and conditions |
| 2 | Capital Assistance – Supplementary Capital Claim | Total eligible assistance under Supplementary Capital Claim shall be spread across all remaining quarterly instalments of the Capital Assistance approved under the Application |
| 3 | Operational Assistance | On approval of Application by the Committee Beneficiary shall choose any one option amongst quarterly or half-yearly or annual Operational Assistance Claim, which shall be applicable for the duration of 5 years from Commercial Operations Date. |
| 4 | Employment Generation Incentive | |
| 5 | Employee Provident Fund (EPF) Assistance | |
| 6 | Interest Subsidy on Term Loan | |
| 7 | Electricity Duty | |

10 General Instructions for Claim of Incentives under this Policy

10.1 The incentives under Biotechnology Policy 2022-27 shall be admitted on reimbursement basis and hence, shall need documentary evidence towards payment/ transactions in the name of the Entity and have a valid GSTIN.

10.2 Designated/ Authorized representative who has signed the application shall represent the entity in all matters related to application, communications, clarifications, claims, etc. with the Nodal Agency. Designated/ Authorized representative may also appoint an individual for liaison with the Nodal Agency through written communication by submitting Power of Attorney (POA). In case of any change in the authorized representative, the entity needs to notify the department by submitting the revised POA.

10.3 Date of first invoice or date of commencement of services as per the agreement executed between Entity & Client/ Customer/ Business, shall be considered as the Commercial Operations Date.

10.4 Cost considered under eligible capital/ operational/ other expenditure shall include all applicable taxes paid/ incurred.

10.5 Department may withhold disbursements due to non-availability of funds/ budget or

any other unforeseen circumstances for any given period. In such event, department may disburse cumulative amount from such withheld instalment(s) with the subsequent instalment(s).

11 Committee for Approvals

Special Projects, Mega Projects, and Ecosystem Strengthening Projects shall be approved by a High-Powered Committee [HPC] chaired by the Chief Secretary. Rest other projects shall be approved by the State-Level Empowered Committee [SLEC], chaired by ACS/ PS/ Secretary, Dept. of Science & Technology. State-Level Empowered Committee [SLEC] shall be convened tentatively, once every quarter and High-Powered Committee [HPC] shall be convened on need basis or as decided by the Chairperson.

12 Competent Authority

12.1 For undertaking procedures & processes for grant of approval and disbursement of assistance, the Mission Director, GSBTM will be the Competent Authority and will act emulating single window clearance mechanism for the benefits under this Scheme.

13 Conditions

13.1 Any applicant will have the option of availing of incentives either under this Biotechnology Policy 2022-2027 or the Industrial Policy 2020 of Government of Gujarat. However, applicant will be entitled to any or all eligible incentives under any one Policy of the State Government.

13.2 The applicants who wish to avail benefits under BT Policy 2022-27 shall submit their application as per Annexure 2A, 2B, 2C & 2D within the operative period of Policy (on or before 31st March 2027) in order to be eligible for availing assistance.

14 Interpretation

Any interpretation or clarification under the scheme will be decided by the Department of Science and Technology and decision thereof would be final and binding to all.

15 Power to amend the scheme document

Notwithstanding anything contained in the foregoing paras, the Government holds right to review and amend various aspects of the scheme document from time to time.

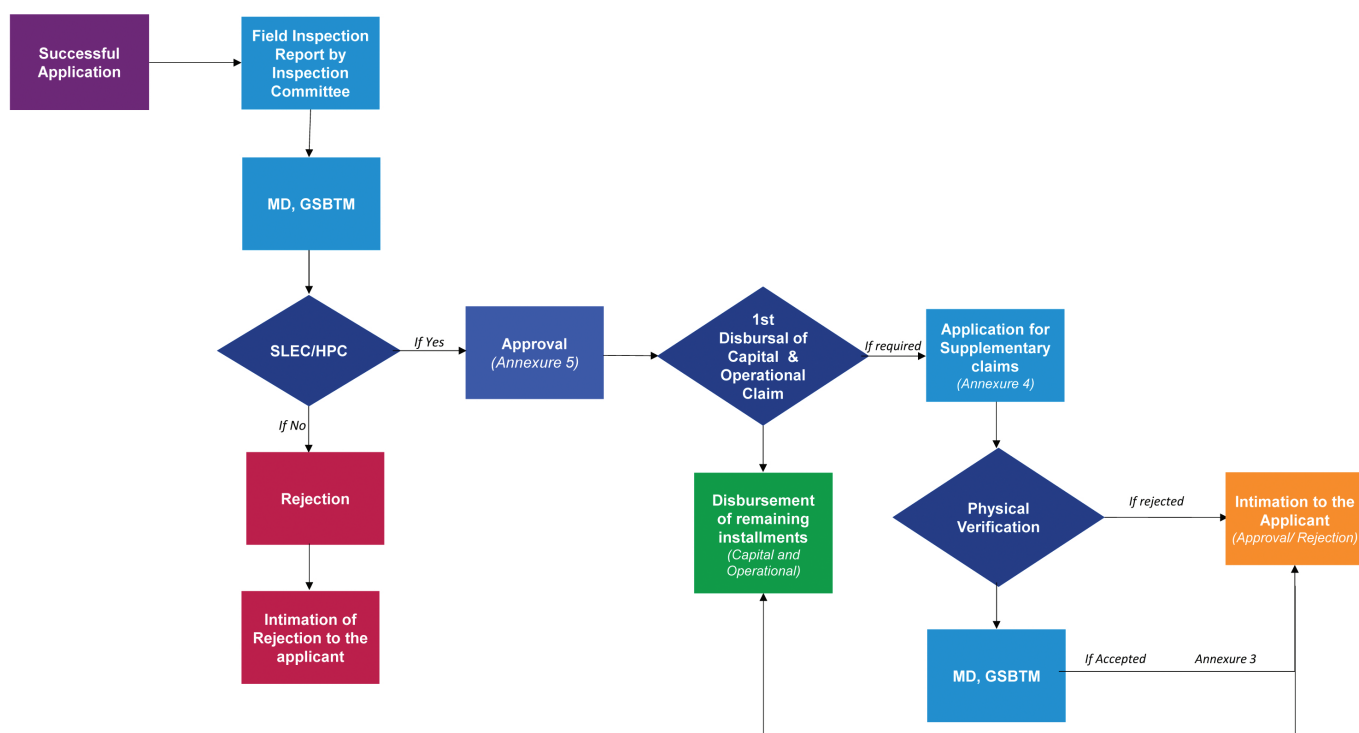
16 Budgetary Provision

The expenditure on this account shall be made from the grants under the following budget head: "Major Head: 3425 – Sub Major Head: 60 – Minor Head: 004 – Sub Head: 01 – Item No (8) Biotechnology Policy Incentive".

This order is issued with the concurrence of Finance Department vide its note on this department's file of even number.

By order and in the name of the Governor of Gujarat.

(Vijay Nehra)
Secretary to the Government of Gujarat,
Department of Science and Technology

**Application Process flow under
Biotechnology Policy 2022-27**

List of Annexures

| Sr. No. | Title |
|--------------------|---|
| <u>Annexure 1A</u> | Industry Connect Module |
| <u>Annexure 1B</u> | Request for In principle approval |
| <u>Annexure 2A</u> | Format for submitting Application for availing assistance under BT Policy 2022-27 |
| <u>Annexure 2B</u> | Format for Capital Assistance, Projected Operational and Projected Supplementary Claim |
| <u>Annexure 2C</u> | Format for Operational Assistance Claim Application |
| <u>Annexure 2D</u> | Undertaking and Checklist for documents to be submitted as certified true copy as part of Application for availing assistance under BT Policy 2022-27 |
| <u>Annexure 3</u> | Format for Approval for Assistance |
| <u>Annexure 4</u> | Format for Final Supplementary Capital Assistance Claim Application |
| <u>Annexure 5</u> | Details of Eligible and Ineligible components |

For viewing and submission of the Annexures, please log on to <https://btm.gujarat.gov.in>

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Annexure 1A: Industry Connect Module

Industry Connect: Individual

| General Information | | | | | |
|---------------------|---|---|-------|---------|------|
| 1. | Name | Prefix | First | Middle | Last |
| 2. | Education Level | | | | |
| | <input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> PhD <input type="checkbox"/> post-Doctoral <input type="checkbox"/> Other, please specify _____ | | | | |
| 3. | Sub-Sector(s) | | | | |
| | <input type="checkbox"/> Bio-Industrial <input type="checkbox"/> Bio-Agricultural <input type="checkbox"/> Bio-Pharmaceutical <input type="checkbox"/> Bio-Services & IT <input type="checkbox"/> Environment Biotech <input type="checkbox"/> Other, please specify _____ | | | | |
| 4. | Mobile Number (Validate) | | | | |
| 5. | E-mail ID (Validate) | | | | |
| 6. | Organization (Optional) | | | | |
| 7. | Designation (Optional) | | | | |
| 8. | Within India | | | | |
| | Current Residence | (City/ Town/ Village, Pin, Taluka, District, State – To be selected from a dropdown list) | | | |
| 9. | Outside India | | | | |
| | Current Residence | City | State | Country | |

Note: Automatic Login User ID Creation with necessary security protocols

Industry Connect: Organization

| | | | | | |
|-----------|---|---|-------|--------|------|
| 1. | Details of the Company/ Organization/ Institute | | | | |
| 1.1 | Entity Name (As per the certificate of incorporation OR other relevant proof provided) | | | | |
| 1.2 | Type of Legal/ Corporate Entity | <input type="checkbox"/> Private Limited <input type="checkbox"/> Public Limited <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other, please specify _____ | | | |
| 1.3 | Registered Address (As per the certificate of incorporation) | (Survey/ Plot/ Door Number, Building/ Block, Street, Locality) (City/ Town/ Village, Pin, Taluka, District, State – To be selected from a dropdown list) | | | |
| 1.4 | Website | | | | |
| 2 | Details of Representative(ies) of the Entity | | | | |
| 2.1 | Designated Representative of the Entity | | | | |
| | Name | Prefix | First | Middle | Last |
| | Designation | | | | |
| | Tenure | From: | | To: | |
| | Mobile / Telephone (Validate) | | | | |

| | | | | | |
|-----|---|--------|-------|--------|------|
| | ID proof: Aadhar Card (Validate) | | | | |
| | Official E-mail ID (Validate) | | | | |
| 2.2 | Authorized Representative of the Entity | | | | |
| | Name | Prefix | First | Middle | Last |
| | Designation | | | | |
| | Duration | From: | | To: | |
| | Mobile / Telephone (Validate) | | | | |
| | ID proof: Aadhar Card (Validate) | | | | |
| | Official E-mail ID (Validate) | | | | |
| 3. | Turnover: | | | | |
| 4. | Employment Details: | | | | |

| | | | | | | | | | | |
|--------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
| 5 | Project Details | | | | | | | | | |
| | R&D | Mfg. | For. | Ser. | Tra. | Category | B2B | B2G | B2C | |
| Bio-Industrial | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Bioplastics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Biofuels | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Biopolymers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Fermentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Other, pls specify _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bio-Pharmaceutical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Vaccine Production | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Stem Cell Culture | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Formulations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Biosimilar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Biologics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Med Devices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Other, pls specify _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bio-Agriculture | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Bio-pesticides | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Bio-fertilizer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Plant Tissue Culture | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Mushroom Culture | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Hybrid Seeds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> GM crops | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Other, pls specify _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bio-Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Bioinformatics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Precision Medicines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Gene Splicing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | | | | | | | | |
|-----------------|---|-------------------------------------|--------------------------|---|--------------------------|--|---|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Molecular Breeding -Animals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Clinical Research | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Big data | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Stem Cell Storage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Antimicrobial Resistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Other, pls specify _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bio-Environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Bio-insecticides | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Bio-compost | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Waste Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Bio Sequestration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Climate Change | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Clean Technology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Other, pls specify _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Infrastructure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> BSL 3 Lab & BSL 4 Lab | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Clinical Trial | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ETP/ ZLD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Plug & Play Facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Other, pls specify _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Any Query | | | | | | | | |
| 7 | If you wish to avail incentives under BT Policy 2022-27 (If Yes, then access to Enrolment Application) (If No, then applicant can submit the Industry Connect module) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | |
| | For Query <i>(Click here)</i> | | | For In-principle approval <i>(Click here)</i> | | | For Application <i>(Click here)</i> | | |

Annexure 1B: Request for In-principle Approval

Details of Entity

| | | | | | |
|-----------|---|--------|-------|--------|------|
| 1. | Details of the Company/ Organization/ Institute | | | | |
| 1.1 | Entity Name <i>(As per the certificate of incorporation OR other relevant proof provided)</i> | | | | |
| 1.2 | Type of Legal/ Corporate Entity <div style="float: right; margin-top: 5px;"> <input type="checkbox"/> Private Limited <input type="checkbox"/> Public Limited <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other, please specify _____ </div> | | | | |
| 1.3 | Registered Address <i>(As per the certificate of incorporation)</i> <i>(Survey/ Plot/ Door Number, Building/ Block, Street, Locality)</i> <i>(City/ Town/ Village, Pin, Taluka, District, State – To be selected from a dropdown list)</i> | | | | |
| 1.4 | Website | | | | |
| 2 | Details of Representative(ies) of the Entity | | | | |
| 2.1 | Designated Representative of the Entity | | | | |
| | Name | Prefix | First | Middle | Last |
| | Designation | | | | |
| | Supporting Document <div style="float: right; margin-top: 5px;"> <input type="checkbox"/> Appointment letter <input type="checkbox"/> Board Resolution <input type="checkbox"/> Others, pls specify _____ </div> | | | | |
| | Tenure | From: | | To: | |
| | Mobile / Telephone <i>(Validate)</i> | | | | |
| | ID proof: Aadhar Card <i>(Validate)</i> | | | | |
| | Official E-mail ID <i>(Validate)</i> | | | | |
| 2.2 | Authorized Representative of the Entity | | | | |
| | Name | Prefix | First | Middle | Last |
| | Designation | | | | |
| | Supporting Document <div style="float: right; margin-top: 5px;"> <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Other, specify _____ </div> | | | | |
| | Duration | From: | | To: | |
| | Mobile / Telephone <i>(Validate)</i> | | | | |
| | ID proof: Aadhar Card <i>(Validate)</i> | | | | |
| | Official E-mail ID <i>(Validate)</i> | | | | |

| 3 Broad Classification | | | | | | | | | |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| | R&D | Mfg. | For. | Ser. | Tra. | Category | B2B | B2G | B2C |
| Bio-Industrial | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Vaccines including recombinant vaccines for use in humans or animals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Recombinant gene therapy products including nucleic acids, proteins, and combinations thereof, viruses, or genetically engineered micro-organisms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Molecular and Genetic Diagnostics (providing Business to Business services) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Biochips, Biosensors and Biomedical Devices based on biotechnology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Stem Cell and Cell-Culture | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> RNA Interference (RNAi) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Products of Synthetic Biology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Probiotics and other Biotechnology-based nutraceuticals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Bio-fertilizer, Bio-pesticides, and similar products | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Bioplastics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Biofuels | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Nano-Biotechnology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Any product/ technology deemed eligible by the Technical Advisory Committee (TAC) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | 'Biotechnology (BT) Product' which uses or is derived by using <input type="checkbox"/> (a) Living systems, <input type="checkbox"/> (b) Enzymes, <input type="checkbox"/> (c) Proteins <input type="checkbox"/> (d) Biocatalysts <input type="checkbox"/> (e) Biomolecules and any of the following processes: <input type="checkbox"/> Genetic Engineering, <input type="checkbox"/> Gene Editing <input type="checkbox"/> Protein engineering, <input type="checkbox"/> Tissue Engineering <input type="checkbox"/> Genomics, <input type="checkbox"/> Proteomics, <input type="checkbox"/> Bioinformatics, <input type="checkbox"/> Synthetic Biology, <input type="checkbox"/> Pharmacogenomics, <input type="checkbox"/> Metabolomics <input type="checkbox"/> Nano-Biotechnology based process <input type="checkbox"/> Bio-process Engineering, | | | |

| | | | | | | | | | |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--|-------------------------------------|--------------------------|--------------------------|
| 3 | Broad Classification | | | | | | | | |
| | R&D | Mfg. | For. | Ser. | Tra. | Category | B2B | B2G | B2C |
| | | | | | | <input type="checkbox"/> Fermentation <input type="checkbox"/> Enzymatic processes, <input type="checkbox"/> Biotransformation <input type="checkbox"/> Tissue Culture <input type="checkbox"/> Molecular Breeding <input type="checkbox"/> Contract Research by CROs using Biotechnology process or products (providing Business to Business services) <input type="checkbox"/> Any process deemed eligible by the Technical Advisory Committee (TAC) | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gene Splicing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stem Cell Therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Antimicrobial Resistance (AMR) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Molecular Breeding of Animals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clinal Testing including Animal Testing Facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Genome Sequencing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BSL-3 Labs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plug and Play Facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Accreditation, Testing & Certification Laboratories | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Other, pls specify _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Details of Entity Applying for Assistance | | | | | | | | | |
| 1 | Project Type: | | | | | | | | |
| | <input type="checkbox"/> New <input type="checkbox"/> Mega Project <input type="checkbox"/> Ecosystem Strengthening Project <input type="checkbox"/> Special Project <input type="checkbox"/> Relocation (From outside State) <input type="checkbox"/> Relocation (From outside Country) <input type="checkbox"/> Diversification <input type="checkbox"/> Expansion | | | | | | | | |
| 2 | Expenditure incurred towards GFCI/ Estimated Capital Claim | | | | | | | | |
| | Parameters | | | | | | Estimated Cost (INR in Lacs) | | |
| 2.1 | Registration and Stamp Duty | | | | | | | | |
| 2.2 | Plant and Machinery | | | | | | | | |
| 2.3 | Building | | | | | | | | |
| 2.5 | Technology Upgradation & Acquisition | | | | | | | | |
| 2.6 | Utilities | | | | | | | | |
| | Sub-total | | | | | | | | |

| | |
|-------------------------------------|--|
| 3 | Mandatory documents |
| | <input type="checkbox"/> Incorporation certificate and PAN card of applicant entity <input type="checkbox"/> Project brief on company letter head (pls explain in detail the process adopted by applicant) <input type="checkbox"/> copy of Promoter's PAN and Aadhar card |
| <input checked="" type="checkbox"/> | I/ We hereby confirm that the contents mentioned above are true to the best of my/ our knowledge. I/We am/are responsible for any information found incorrect or misrepresented subsequently and liable for auto rejection of in principle approval. |
| | If you wish to avail incentives under BT Policy 2022-27 (If yes, then access to Application) (If no, then applicant can submit this request) Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | <div>Submit</div> <div>For Application (Click here)</div> |

Annexure 2A – Format for submitting Application for availing assistance under BT Policy 2022-27

| | | | | | |
|-----------|---|---|--|-------------------|------|
| 1. | Details of the Company/ Organization/ Institute | | | | |
| 1.1 | Entity Name (As per the certificate of incorporation OR other relevant proof provided) | | | | |
| 1.2 | Type of Legal/ Corporate Entity | <input type="checkbox"/> Private Limited <input type="checkbox"/> Public Limited <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other, please specify _____ | | | |
| 1.3 | Registered Address (As per the certificate of incorporation) | | (Survey/ Plot/ Door Number, Building/ Block, Street, Locality) (City/ Town/ Village, Pin, Taluka, District, State – To be selected from a dropdown list) | | |
| 1.4 | Website | | | | |
| 2 | Details of Representative(ies) of the Entity | | | | |
| 2.1 | Designated Representative of the Entity | | | | |
| | Name | Prefix | First | Middle | Last |
| | Designation | | | | |
| | Supporting Document | <input type="checkbox"/> Appointment letter <input type="checkbox"/> Board Resolution <input type="checkbox"/> Others, pls specify _____ | | | |
| | Tenure | From: | | To: | |
| | Mobile / Telephone (Validate) | | | | |
| | ID proof: Aadhar Card (Validate) | | | | |
| | Official E-mail ID (Validate) | | | | |
| 2.2 | Authorized Representative of the Entity | | | | |
| | Name | Prefix | First | Middle | Last |
| | Designation | | | | |
| | Supporting Document | <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Other, specify _____ | | | |
| | Duration | From: | | To: | |
| | Mobile / Telephone (Validate) | | | | |
| | ID proof: Aadhar Card (Validate) | | | | |
| | Official E-mail ID (Validate) | | | | |
| 3 | Other details of applicant | | | | |
| 3.1 | Registration with Central/ State Government | | | | |
| | Type | Enrolment Number | | Date of Enrolment | |
| | Udyam | | | | |
| | IEM Part B | | | | |
| | Industrial License | | | | |
| 3.2 | Central Board of Direct Taxes (CBDT), Department of Revenue, Ministry of Finance, GoI | | | | |

| | | | | | | | | | |
|--------------------------|--|--------------------------|--------------------------|--------------------------|-----------------------------------|--|--------------------------|--------------------------|--------------------------|
| | Goods and Services Tax Identification Number (GSTIN) | | | | | | | | |
| | Permanent Account Number (PAN) | | | | | | | | |
| | Tax Deduction and Collection Account Number (TAN) | | | | | | | | |
| | Taxpayer Identification Number (TIN) | | | | | | | | |
| 3.3 | Employees' Provident Fund Organization | | | | | | | | |
| | Establishment ID | | | | | | | | |
| | Universal Account Number (UAN) | | | | | | | | |
| | Company Website/ URL | | | | | | | | |
| 3.4 | Bank Account Details (For Disbursement) | | | | | | | | |
| | Name of Bank: | | | | | | | | |
| | Address of Bank: | | | | | | | | |
| | IFSC Code of Bank: | | | | | | | | |
| | Bank Account Number: | | | | | | | | |
| 3.5 | NIC Classification: (Drop Down) | | | | | | | | |
| 3.5.1 | Project Type: | | | | | | | | |
| | <input type="checkbox"/> New <input type="checkbox"/> Mega Project <input type="checkbox"/> Special Project <input type="checkbox"/> Ecosystem Strengthening Project <input type="checkbox"/> Relocation (From outside State) <input type="checkbox"/> Relocation (From outside Country) <input type="checkbox"/> Diversification <input type="checkbox"/> Expansion | | | | | | | | |
| 3.5.2 | Broad Classification | | | | | | | | |
| | R&D | Mfg. | For. | Ser. | Tra. | Category | B2B | B2G | B2C |
| Bio-Industrial | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Vaccines including recombinant vaccines for use in humans or animals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Recombinant gene therapy products including nucleic acids, proteins, and combinations thereof, viruses, or genetically engineered micro-organisms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Molecular and Genetic Diagnostics (providing Business to Business services) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Biochips, Biosensors and Biomedical Devices based on biotechnology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Stem Cell and Cell-Culture | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> RNA Interference (RNAi) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Products of Synthetic Biology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Probiotics and other Biotechnology-based nutraceuticals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Bio-fertilizer, Bio-pesticides, and similar products | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Bioplastics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Biofuels | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | | | | | | | | |
|--------------------------|---|--------------------------|--------------------------|--------------------------|---|--|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Nano-Biotechnology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Any product/ technology deemed eligible by the Technical Advisory Committee (TAC) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | 'Biotechnology (BT) Product' which uses or is derived by using <input type="checkbox"/> (a) Living systems, <input type="checkbox"/> (b) Enzymes, <input type="checkbox"/> (c) Proteins <input type="checkbox"/> (d) Biocatalysts <input type="checkbox"/> (e) Biomolecules and any of the following processes: <input type="checkbox"/> Genetic Engineering, <input type="checkbox"/> Gene Editing <input type="checkbox"/> Protein engineering, <input type="checkbox"/> Tissue Engineering <input type="checkbox"/> Genomics, <input type="checkbox"/> Proteomics, <input type="checkbox"/> Bioinformatics, <input type="checkbox"/> Synthetic Biology, <input type="checkbox"/> Pharmacogenomics, <input type="checkbox"/> Metabolomics <input type="checkbox"/> Nano-Biotechnology based process <input type="checkbox"/> Bio-process Engineering, <input type="checkbox"/> Fermentation <input type="checkbox"/> Enzymatic processes, <input type="checkbox"/> Biotransformation <input type="checkbox"/> Tissue Culture <input type="checkbox"/> Molecular Breeding <input type="checkbox"/> Contract Research by CROs using Biotechnology process or products (providing Business to Business service) <input type="checkbox"/> Any process deemed eligible by the Technical Advisory Committee (TAC) | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gene Splicing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stem Cell Therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Antimicrobial Resistance (AMR) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Molecular Breeding of Animals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clinal Testing including Animal Testing Facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Genome Sequencing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BSL-3 Labs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plug and Play Facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Accreditation, Testing & Certification Laboratories | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Other, pls specify _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.5.3 | Investment Range: | | | | | | | | |
| | <input type="checkbox"/> <200 Crore <input type="checkbox"/> >200 Crore | | | | | | | | |

| | | | | | |
|--|---|-------------|---------------|-------------------|------|
| 3.5.4 | Employment Range: | | | | |
| | <input type="checkbox"/> <500 <input type="checkbox"/> >500 | | | | |
| 3.6 | Quality Certification | | | | |
| 3.6.1 | Statutory Approval Obtained | | | | |
| | Name | Description | Date of Issue | Valid Up to date: | Cost |
| | | | | | |
| | | | | | |
| (Add separate rows for each approval, as required) | | | | | |
| 3.6.2 | Non-Statutory Approval Obtained | | | | |
| | Name | Description | Date of Issue | Valid Up to date: | Cost |
| | | | | | |
| | | | | | |
| (Add separate rows for each approval, as required) | | | | | |

| | | | | | | | |
|-----------|-----------------------------------|-----------------|----------------------------|-------|--|---------------------------------------|--|
| 4. | Project Details | | | | | | |
| 4.1 | Commercial Operation Date: | | | | | | |
| 4.2 | Production Capacity of the Entity | | | | | | |
| | NIC 2008 Code | Name of Product | Description of the Product | Units | Existing installed capacity per annum (for Expansion/ Diversification) | Proposed installed capacity per annum | During Enrolment Process (Same/ Modified/ New) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |

(Add rows if required & attach supporting documents summarizing key aspects of the same)

Not Applicable ☐

| | | | | | | | |
|-----|--------------------------------|-----------------|----------------------------|-------|---|--------------------------------------|--|
| 4.3 | Service Capacity of the Entity | | | | | | |
| | NIC 2008 Code | Name of Service | Description of the Service | Units | Existing delivery capacity per annum (for Expansion/ Diversification) | Proposed delivery capacity per annum | During Enrolment Process (Same/ Modified/ New) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |

(Add rows if required & attach supporting documents summarizing key aspects of the same)

Not Applicable ☐

| 5 | Employee Details | | | | | | |
|---|--------------------|------------------------|--|------------------------|---|------------------------|---------------------------------|
| | Type/ Category | Number of Employees | Type/ Category | Number of Employees | Type/ Category | Number of Employees | Total Number of Employees |
| 1 | Skilled Workers | | Semi-Skilled Workers | | Unskilled Workers | | |
| 2 | Payroll | | Contractual | | Outsourced | | |
| 3 | State Domicile | | Indian/ Other state | | NRI | | |
| 4 | | | Full Time Employee/ Main Workers | | Part Time Employee/ Marginal Workers | | |
| 5 | | | Male | | Female | | |

Declaration:

I/We hereby declare that I/ We have read the Government Resolutions BTP/022022/446/BT dated 15/02/2022 & BTP/___2021/_ _ _/BT dated _ _/___/2022 as amended from time to time before submission of this application for incentive. I/ We undertake to comply all the conditions stipulated therein to avail incentives mentioned in the resolution.

I/We hereby declare that the details given above are true and correct, if any of the information is found to be incorrect and not fulfilling the provisions laid down in the Government Resolution, incentives are liable to be cancelled.

Place:

Date:

Company Seal

Applicant's signature

Name:

Designation:

Annexure 2B Format for Capital Assistance, Projected Operational and Projected Supplementary Claim

A. Format for Capital Assistance Application

| | | | | | | | | | | | | |
|--|--|----------------------------|---|---------------------------------------|------------------------------|---|---|-----------------|--|--|--|--|
| 1 | Details of Entity Applying for Assistance | | | | | | | | | | | |
| 1.1 | Name of the Entity: | | | | | | | | | | | |
| 1.2 | Project Type: | | | | | | | | | | | |
| | <input type="checkbox"/> New <input type="checkbox"/> Mega Project <input type="checkbox"/> Ecosystem Strengthening Project <input type="checkbox"/> Special Project <input type="checkbox"/> Relocation (From outside State) <input type="checkbox"/> Relocation (From outside Country) <input type="checkbox"/> Diversification <input type="checkbox"/> Expansion | | | | | | | | | | | |
| 2 | Expenditure incurred towards GFCI/ Estimated Capital Expenditure towards Supplementary Capital Claim | | | | | | | | | | | |
| 2.1 | Registration and Stamp Duty | | | | | | | | | | | |
| Sr. No. | Description of the Asset/ Property | Use of the Asset/ Property | Possession Type (Outright Purchase/ Lease) | Total area (sq. m.) | Duration of lease (in years) | Cost/ lease rental (per annum) of Asset/ Property | Registration Cost | Stamp Duty Cost | | | | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| (In case of more than one property or asset or possession type, add separate rows for each item) | | | | | | | | | | | | |
| | Sub-total | | | | | | | | | | | |
| 2.2 | Plant and Machinery | | | | | | | | | | | |
| Sr. No. | Name of the Plant & Machinery | Description | Type (New Indigenous/ Second Hand Indigenous/ New Imported/ Second Hand Imported) | Original Equipment Manufacturer (OEM) | Year of Manufacturing | Life of Machinery (Lifespan) | Cost (including taxes, duty, etc., excluding Royalty) | | | | | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| (Add separate rows for each item, as required) | | | | | | | | | | | | |
| | Sub-total | | | | | | | | | | | |
| 2.3 | Building | | | | | | | | | | | |
| Sr. No. | Item | Description | Unit | Quantity | Unit rate | Cost (including taxes, duty, etc.) | | | | | | |
| 1 | Civil Works/ Structural | | | | | | | | | | | |
| 2 | Interiors/Finishing | | | | | | | | | | | |
| 3 | Conveyance lifts | | | | | | | | | | | |
| 4 | HVAC | | | | | | | | | | | |
| 5 | Fire protection | | | | | | | | | | | |
| 6 | Electrical | | | | | | | | | | | |

| 7 | Plumbing | | | | | | |
|---|---|-------------|---------------------------------|-------------------|--|---------------------------------------|---|
| (Add separate rows for additional items, as required) | | | | | | | |
| | Sub-total | | | | | | |
| 2.5 | Technology Upgradation & Acquisition | | | | | | |
| Sr. No. | Name of the Technology | Description | Type (Upgradation/ Acquisition) | Country of origin | Availability in the India (Yes/ No) | Availability in the Gujarat (Yes/ No) | Cost (including taxes, duty, etc., but excluding Royalty) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| (Add separate rows for additional items, as required) | | | | | | | |
| | Sub-total | | | | | | |
| 2.6 | Utilities | | | | | | |
| Sr. No. | Name of Utilities | Description | Capacity | Unit | Cost (including taxes, duty, etc., but excluding consultation/ professional charges) | | |
| 1 | Solid Waste Management Facility | | | | | | |
| 2 | Gas Connection and related infrastructure | | | | | | |
| 3 | Substation | | | | | | |
| 4 | Solar Unit/ Any other Captive Power Generation unit | | | | | | |
| 5 | Effluent Treatment Plant | | | | | | |
| 6 | Zero Liquid Discharge | | | | | | |
| | Sub-total | | | | | | |

| | | |
|---|--|--------------------------|
| 3 | Summary of the Expenditure incurred towards GFCI | Sub-Total from Section 2 |
| | Registration and Stamp Duty | |
| | Plant and Machinery | |
| | Building | |
| | Technology Upgradation & Acquisition | |
| | Utilities | |
| | Total | |

B. Format for Projected Operational Assistance Claim Application

| | | | | | | |
|------------|--|---|------|---|----------------|--------------------------|
| 1.1 | Operational Assistance Period (as per Committee approval) | | From | | To | |
| | Operational Assistance Claim Cycle | <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annual | | | | |
| | # | Quarterly | | Half-yearly | | Annual |
| | Year 1 | <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 | | <input type="checkbox"/> H1 <input type="checkbox"/> H2 | | <input type="checkbox"/> |
| | Year 2 | <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 | | <input type="checkbox"/> H1 <input type="checkbox"/> H2 | | <input type="checkbox"/> |
| | Year 3 | <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 | | <input type="checkbox"/> H1 <input type="checkbox"/> H2 | | <input type="checkbox"/> |
| | Year 4 | <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 | | <input type="checkbox"/> H1 <input type="checkbox"/> H2 | | <input type="checkbox"/> |
| | Year 5 | <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 | | <input type="checkbox"/> H1 <input type="checkbox"/> H2 | | <input type="checkbox"/> |
| 2 | Power Tariff | | | | | |
| | Meter/ Connection Identification Number | Duration/ Time Period | | Total Unit Consumed | Bill Amount | Bill Number |
| | | From | To | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 3 | Patent Assistance | | | | | |
| 3.1 | Name, Country of the Authority issuing the patent | | | | | |
| 3.2 | Description | | | | | |
| 3.3 | Title of the Patent | | | | | |
| 3.4 | Date of issue/Renewal of the Patent | | | | | |
| 3.5 | Patent Validity Till | | | | | |
| 3.6 | Fees paid to patent attorney and patent service centre | | | | | |
| 3.7 | Legal Charges | | | | | |
| | (Repeat row from 3.1 to 3.7 for next each patent) | | | | | |
| 4 | Market Development | | | | | |
| 4.1 | Name of the Event | | | | | |
| 4.2 | Type (National/ International) | | | | | |
| 4.3 | Name of the Organizer | | | | | |
| 4.4 | Date of the Event | | | | | |
| 4.5 | Amount paid towards rent/ charges for stall space to the organizer | | | | | |
| 4.6 | Cost incurred for Product Literature/ Catalogue | | | | | |
| 4.7 | Cost incurred for Display Material | | | | | |
| | (Repeat row from 4.1 to 4.7 for next each event) | | | | | |
| 5 | Lease Rental | | | | | |

| | Description of the Asset/ Property | Use of the Asset/ Property | Total area (sq. m.) | Duration of lease (in years) | Lease rental (per annum) of Asset/ Property | |
|------------------------|---|----------------------------|----------------------|------------------------------|---|-------------------------------|
| | | | | | | |
| | | | | | | |
| | Sub Total | | | | | |
| | (In case of more than one property or asset, add separate rows for each item) | | | | | |
| 6 | Bandwidth Leasing | | | | | |
| 6.1 | Billing Period | | From: | To: | | |
| 6.2 | Bill Amount | | | | | |
| 7 | Quality Certifications (Non-Statutory Approvals) | | | | | |
| 7.1 | Certificate issuing Authority | | | | | |
| 7.2 | Type of Certification (National/ International) | | | | | |
| 7.3 | Date of issue of Certificate | | | | | |
| 7.4 | Validity | | | | | |
| 7.5 | Certification Fees | | | | | |
| | (In case of more than one quality certifications add separate rows for each item) | | | | | |
| 8 | Employment Generation | | | | | |
| | Employee Name | Gender (M/F) | Employee PAN number | Date of Joining | CTC (per annum) | Eligible Incentive under EGI |
| | | | | | | |
| | | | | | | |
| | (Add separate rows for each employee, as required) | | | | | |
| | Total | | | | | |
| 9 | Employee Provident Fund (One-time annual claim) | | | | | |
| | Employee Name | Gender (M/F) | UAN number | Duration in Month | EPF paid by the Employer (Entity) | Amount Eligible EPF incentive |
| | | | | | | |
| | | | | | | |
| | (Add separate rows for each employee, as required) | | | | | |
| | Total | | | | | |
| 10 | Interest Subsidy on Term Loan | | | | | |
| | Name of the Bank/ Financial Institution | | | | | |
| | Total Loan Amount Sanction | | | | | |
| | Moratorium period | | | | | |
| | Details of Disbursement | | Date of Disbursement | | Amount | |
| | | | | | | |
| (Add rows as required) | | | | | | |

| | | | | | | | |
|----|--|-------------------------|------------------|---------------|-----------------------|---------------------|------------------|
| | | Total | | | | | |
| | | Total Capital Repayment | Outstanding Debt | Interest paid | Interest due (if any) | Penalty (if any) | |
| | Amount as of Commercial Operation Date | | | | | | |
| | Eligible Assistance under Interest subsidy | | | | | | |
| 11 | Electricity Duty | | | | | | |
| | Meter/ Connection Identification Number | Duration/ Time Period | | Bill Number | Proof of Transaction | Total Unit Consumed | Electricity Duty |
| | | From | To | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Total | | | | | | |

C. Format for Projected Supplementary Assistance Claim Application

| | | | | | | | | |
|--|---|----------------------------|---|---------------------------------------|------------------------------|---|--|-----------------|
| 1 | Expenditure incurred towards GFCI/ Estimated Capital Expenditure towards Supplementary Capital Claim | | | | | | | |
| 1.1 | Registration and Stamp Duty | | | | | | | |
| Sr. No. | Description of the Asset/ Property | Use of the Asset/ Property | Possession Type (Outright Purchase/ Lease) | Total area (sq. m.) | Duration of lease (in years) | Cost/ lease rental (per annum) of Asset/ Property | Registration Cost | Stamp Duty Cost |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| (In case of more than one property or asset or possession type, add separate rows for each item) | | | | | | | | |
| | Sub-total | | | | | | | |
| 1.2 | Plant and Machinery | | | | | | | |
| Sr. No. | Name of the Plant & Machinery | Description | Type (New Indigenous/ Second Hand Indigenous/ New Imported/ Second Hand Imported) | Original Equipment Manufacturer (OEM) | Year of Manufacturing | Life of Machinery (Lifespan) | Estimated Cost (including taxes, duty, etc. excluding Royalty) | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| (Add separate rows for each item, as required) | | | | | | | | |
| | Sub-total | | | | | | | |

| 1.3 | Building | | | | | | |
|---|---|-------------|----------------------------------|-------------------|-------------------------------------|--|---|
| Sr. No. | Item | Description | Unit | Quantity | Unit rate | Estimated Cost (including taxes, duty, etc.) | |
| 1 | Civil Works/ Structural | | | | | | |
| 2 | Interiors/Finishing | | | | | | |
| 3 | Conveyance lifts | | | | | | |
| 4 | HVAC | | | | | | |
| 5 | Fire protection | | | | | | |
| 6 | Electrical | | | | | | |
| 7 | Plumbing | | | | | | |
| (Add separate rows for additional items, as required) | | | | | | | |
| | | | | | | Sub-total | |
| 1.4 | Technology Upgradation & Acquisition | | | | | | |
| Sr. No. | Name of the Technology | Description | Type (Upgradation / Acquisition) | Country of origin | Availability in the India (Yes/ No) | Availability in the Gujarat (Yes/ No) | Estimated Cost (including taxes, duty, etc., but excluding Royalty) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| (Add separate rows for additional items, as required) | | | | | | | |
| | | | | | | Sub-total | |
| 1.5 | Utilities | | | | | | |
| Sr. No. | Name of Utilities | | Description | Capacity | Unit | Cost (including taxes, duty, etc., but excluding consultation/ professional charges) | |
| 1 | Solid Waste Management Facility | | | | | | |
| 2 | Gas Connection and related infrastructure | | | | | | |
| 3 | Substation | | | | | | |
| 4 | Solar Unit/ Any other Captive Power Generation unit | | | | | | |
| 5 | Effluent Treatment Plant | | | | | | |
| 6 | Zero Liquid Discharge | | | | | | |
| | | | | | | Sub-total | |

| 2 | Summary of the Expenditure incurred towards GFCI | Sub-Total from Section 2 |
|----------|---|---------------------------------|
| | Registration and Stamp Duty | |
| | Plant and Machinery | |
| | Building | |
| | Technology Upgradation & Acquisition | |
| | Utilities | |
| | Total | |

Declaration:

1. I / We hereby confirm that to the best of our knowledge and belief, information given herein and other documents 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 of tax are found to be disbursed in excess of the amount actually admissible whatsoever the reason.
2. I/We hereby declare that we have read the Government Resolutions BTP/022022/446/BT dated 15/02/2022 & BTP/___2021/___/BT dated ___/___/2022. I/We undertake to comply all the conditions stipulated therein to avail incentives mentioned in the resolutions.
3. I/We hereby declare that the details given above are true & correct, if any of the information is found to be incorrect and not fulfilling the provisions laid down in the above resolutions, the Incentives are liable to be recovered.
4. I/We also declare that I am authorized by the enterprise to sign and submit the application and related details with relevant documents.

Place:

Date:

Company Seal

Applicant's signature

Name:

Designation:

Annexure 2C - Format for Operational Assistance Claim Application

| | | | | | | | |
|------------|--|---|---------------|---|----------------|--------------------------|-------------------------|
| 1.1 | Operational Assistance Period (as per Committee approval) | | From | | To | | |
| | Operational Assistance Claim Cycle | <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annual | | | | | |
| | # | Quarterly | | Half-yearly | | Annual | |
| | Year 1 | <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 | | <input type="checkbox"/> H1 <input type="checkbox"/> H2 | | <input type="checkbox"/> | |
| | Year 2 | <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 | | <input type="checkbox"/> H1 <input type="checkbox"/> H2 | | <input type="checkbox"/> | |
| | Year 3 | <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 | | <input type="checkbox"/> H1 <input type="checkbox"/> H2 | | <input type="checkbox"/> | |
| | Year 4 | <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 | | <input type="checkbox"/> H1 <input type="checkbox"/> H2 | | <input type="checkbox"/> | |
| | Year 5 | <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 | | <input type="checkbox"/> H1 <input type="checkbox"/> H2 | | <input type="checkbox"/> | |
| 1.2 | Details of Entity Applying for Assistance | | | | | | |
| 1.2.1 | Name of the Entity: | | | | | | |
| 1.2.2 | Project Type: | | | | | | |
| | <input type="checkbox"/> New <input type="checkbox"/> Mega Project <input type="checkbox"/> Ecosystem Strengthening Project <input type="checkbox"/> Special Project <input type="checkbox"/> Relocation (From outside State) <input type="checkbox"/> Relocation (From outside Country) <input type="checkbox"/> Diversification <input type="checkbox"/> Expansion | | | | | | |
| 1.2.3 | Enrolment No. | | Date of Issue | | | | |
| 1.2.4 | Turnover: | | | | | | |
| 2 | Power Tariff | | | | | | |
| | Meter/ Connection Identification Number | Duration/ Time Period | | Total Unit Consumed | Bill Amount | Bill Number | Proof of Transaction |
| | | From | To | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 3 | Patent Assistance | | | | | | |
| 3.1 | Name, Country of the Authority issuing the patent | | | | | | |
| 3.2 | Description | | | | | | |
| 3.3 | Title of the Patent | | | | | | |
| 3.4 | Date of issue/Renewal of the Patent | | | | | | |
| 3.5 | Patent Validity Till | | | | | | |
| 3.6 | Fees paid to patent attorney and patent service centre | | | | | | |
| 3.7 | Legal Charges | | | | | | |
| | (Repeat row from 3.1 to 3.7 for next each patent) | | | | | | |
| 4 | Market Development | | | | | | |
| 4.1 | Name of the Event | | | | | | |
| 4.2 | Type (National/ International) | | | | | | |
| 4.3 | Name of the Organizer | | | | | | |

| | | | | | | |
|---|--|----------------------------|---------------------|------------------------------|---|-------------------------------|
| 4.4 | Date of the Event | | | | | |
| 4.5 | Amount paid towards rent/ charges for stall space to the organizer | | | | | |
| 4.6 | Cost incurred for Product Literature/ Catalogue | | | | | |
| 4.7 | Cost incurred for Display Material | | | | | |
| (Repeat row from 4.1 to 4.7 for next each event) | | | | | | |
| 5 | Lease Rental | | | | | |
| | Description of the Asset/ Property | Use of the Asset/ Property | Total area (sq. m.) | Duration of lease (In years) | Lease rental (per annum) of Asset/ Property | |
| | | | | | | |
| | | | | | | |
| | Sub Total | | | | | |
| (In case of more than one property or asset, add separate rows for each item) | | | | | | |
| 6 | Bandwidth Leasing | | | | | |
| 6.1 | Billing Period | | | From: | To: | |
| 6.2 | Bill Amount | | | | | |
| 7 | Quality Certifications (Non-Statutory Approvals) | | | | | |
| 7.1 | Certificate issuing Authority | | | | | |
| 7.2 | Type of Certification (National/ International) | | | | | |
| 7.3 | Date of issue of Certificate | | | | | |
| 7.4 | Validity | | | | | |
| 7.5 | Certification Fees | | | | | |
| (In case of more than one quality certifications add separate rows for each item) | | | | | | |
| 8 | Employment Generation | | | | | |
| | Employee Name | Gender (M/F) | Employee PAN number | Date of Joining | CTC (Per annum) | Eligible Incentive under EGI |
| | | | | | | |
| | | | | | | |
| (Add separate rows for each employee, as required) | | | | | | |
| | Total | | | | | |
| 9 | Employee Provident Fund | | | | | |
| | Employee Name | Gender (M/F) | UAN number | Duration in Month | EPF paid by the Employer (Entity) | Amount Eligible EPF incentive |
| | | | | | | |
| | | | | | | |
| (Add separate rows for each employee, as required) | | | | | | |
| | Total | | | | | |
| 10 | Interest Subsidy on Term Loan | | | | | |

| | | | | | | | |
|----------------------------|---|--|------------------|---------------|-----------------------|---------------------|------------------|
| | | Name of the Bank/ Financial Institution | | | | | |
| | | Total Loan Amount Sanction | | | | | |
| | | Moratorium period | | | | | |
| | Details of Disbursement | Date of Disbursement | | | Amount | | |
| | | | | | | | |
| | | (Add rows as required) | | | | | |
| | | Total | | | | | |
| | | Total Capital Repayment | Outstanding Debt | Interest paid | Interest due (if any) | Penalty (If any) | |
| | Amount as of Commercial Operation Date | | | | | | |
| | | Eligible Assistance under Interest subsidy | | | | | |
| 11 Electricity Duty | | | | | | | |
| | Meter/ Connection Identification Number | Duration/ Time Period | | Bill Number | Proof of Transaction | Total Unit Consumed | Electricity Duty |
| | | From | To | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | | | | |

Declaration:

I/We hereby declare that I/ We have read the Government Resolutions BTP/022022/446/BT dated 15/02/2022 & BTP/___2021/___/BT dated ___/___/2022 as amended from time to time before submission of this application for incentive. I/ We undertake to comply all the conditions stipulated therein to avail incentives mentioned in the resolution.

I/We hereby declare that the details given above are true and correct, if any of the information is found to be incorrect and not fulfilling the provisions laid down in the Government Resolution, incentives are liable to be cancelled.

Place:

Date:

Company Seal

Applicant's signature

Name:

Designation:

Annexure 2D – Undertaking and Checklist for documents to be submitted as certified true copy as part of Application for availing assistance under BT Policy 2022-27

A. Format for submitting Letter of Undertaking for availing assistance under BT Policy 2022-27

To
Mission Director,
Gujarat State Biotechnology Mission
Department of Science & Technology
Government of Gujarat

Sub: Application for availing assistance under Biotechnology Policy 2022-27

Ref: Government Resolution No: BTP/022022/446/BT dated 15/02/2022 & BTP/___2021/___
___/BT dated ___/___/2022

Sir/ Ma'am,

1. I, Mr./ Ms. _____, am the authorized representative of the M/s _____ with registered address _____ providing this undertaking cum declaration in its behalf.
2. We have read and undertake to comply with all the conditions stipulated therein to avail incentives, the Government Resolutions BTP/022022/446/BT dated 15/02/2022 & BTP/___2021/___ ___/BT dated ___/___/2022 & relevant amendments till date.
3. We intend 'to apply for/ have applied for/ have availed' incentives/ funding as indicated in the table below, if applicable.

| Sn. No | Name of the Institution/ Agency | Details of Assistance/ Funding | Status (Intend to/ Applied/ Availed) |
|--------|---------------------------------|--------------------------------|--------------------------------------|
| 1. | | | |
| 2. | | | |

(Add rows if required & attach supporting documents summarizing key aspects of the same)

4. We undertake not to avail any incentive/ funding since the submission of Registration till the completion of operational assistance period which violates the Biotechnology Policy 2022 - 27.
5. To the best of our knowledge, we do not have any outstanding dues/ taxes/ cess/ charges/ fees/ interest/ penalty with Government, Board and Corporation.
6. The information provided during Registration are true and valid, we will disclose through intimate writing within 15 days, if there is any correction or changes in Section 1 and section 2 of Annexure 1B.

7. We undertake to repay with interest, the incentives disbursed, if found that it was obtained by misrepresentation of facts or in case of misuse.
8. We hereby declare that the Commercial Operations Date for the project is _____ (dd/mm/yyyy)
9. We hereby confirm that the contents mentioned above are true to the best of my/ our knowledge. We are jointly and severally responsible for any information found incorrect or misrepresented subsequently and liable for prosecution under the provisions of applicable Acts/ Codes and Rules.

Place:

Date:

Company Seal

Applicant's signature

Name:

Designation:

Note: Undertaking to be submitted on Rs. 300/- Stamp paper

B. Checklist for Application Module

| No | Particulars |
|-----|---|
| 1. | Copy of applicable industrial registration certificate (EM-II Registration / IEM Part – B, / Industrial License, etc.) |
| 2. | Acknowledgement Certificate under Gujarat Micro, small and Medium Enterprises (Facilitation of Establishment and Operation) Act, 2019 in case of MSME (if obtained) |
| 3. | GST Registration certificate |
| 4. | PAN |
| 5. | TAN |
| 6. | TIN certificate |
| 7. | EPFO Universal Account Number (UAN) |
| 8. | Copy of Bank Account Passbook/ cancel cheque |
| 9. | Detailed project report |
| 10. | Company profile, brochure, marketing/ promotional material |
| 11. | Copy of First Sale Bill/ Invoice or agreement between Entity & client/ customer/ business |
| 12. | Document for Installed Capacity, including proof for additional capacity in case of expansion |
| 13. | Attendance Register of Employee, letter of employment, salary slip, domicile certificate of employee |
| 14. | Project Completion Certificate from Financial Institute or Project Completion Certificate from authorized person, in case of self-finance. (In prescribed format) |
| 15. | Copy of agreement for technical knowhow, Design, Drawings and Patent (if applicable) |
| 16. | Address proof document for Manufacturing/ Factory/ Production/ Office/ Research/ Marketing/ Retail location |
| 17. | Supporting document (Board Resolution, POA, etc.) for Designated/ Authorized Representative |
| 18. | ID proofs: Driving License, Aadhar Card, PAN card, Passport as indicated |
| 19. | Letter of Undertaking for availing assistance under BT Policy 2022-27 |

Capital Claim Module

| No | Particulars |
|----|---|
| 1. | Document proof for ownership/ lease of land/ asset Registered agreement executed for the purchase/ lease of the property(ies) or any relevant document which for proof of ownership of property list |
| 2. | Bill/ payment receipt of Plant and Machinery |
| 3. | Certificate of Chartered Engineer for all Engineering Works up to date of Commercial Operation Date |
| 4. | Receipt/ Bill for Patented Technology acquired |

Operational Claim Module

| No | Particulars |
|----|---|
| 1. | Application form and undertaking for Operational assistance duly filled, stamped, and signed by Designated/ authorized signatory. |

| | |
|-----|--|
| 2. | Electricity Bill, Payment Receipt/ Transaction Copy for the amount claim |
| 3. | Proof of payments/ payment receipts toward purchase of patent, |
| 4. | Proof of payments of charges paid for the amount claimed from legal services/ patent attorney/ patent service centre |
| 5. | Invoice and payment receipt for the rent/ charges paid for stall space to the organizer |
| 6. | Invoice and payment receipt for product literature/ Catalogue and display material |
| 7. | Registered lease agreement/ deed, proof of transitions/ payment receipts with copy of the PAN card of the lessor |
| 8. | Bandwidth invoice and payment receipt with valid GSTIN number |
| 9. | Invoice and payment receipt of the Certificates from the certification agency |
| 10. | Attendance Register of Employee, letter of employment, salary slip, domicile certificate of employee |
| 11. | Sanction Letters/ Letter of Intent of Term Loan from Bank / Financial Institution if any |
| 12. | Appraisal Report from Bank/ Financial Institutes (If applicable) (mandatory if term loan is availed) |

Mandatory Periodic Submissions for quarterly instalments of Capital Claim

| No | Particulars |
|----|--|
| 1. | Annual Reports/ Progress Reports |
| 2. | Audited/ Un-audited/ Provisional Balance Sheets |
| 3. | Any other documents pertaining to the compliances as demanded by competent authority from time to time |

Supplementary Claim Module

| No | Particulars |
|----|---|
| 1. | Document proof for ownership/ lease of land/ asset Registered agreement executed for the purchase/ lease of the property(ies) or any relevant document which for proof of ownership of property list |
| 2. | Bill and payment proof for the claimed components |
| 3. | Certificate of Chartered Engineer for all Engineering Works up to date of Commercial Operation Date |

All Submitted documents along with the application form should be duly certified by authorized signatory of applicant / director/ Power of Attorney holder.

Annexure 3 - Format for Approval of Assistance

Outward Ref:

Date:

To,

M/s _____ (Name of the Entity)

_____ (Entity's registered address)

Sub: Approval for Assistance**Ref:** (1) _____ (Entity's Enrolment Number)

(2) _____ (Committee Agenda)

(3) _____ (Committee meeting minutes) (only to be added here if these documents are available in the public domain)

Kind Attention: Mr/ Ms (Name of the Designated/ Authorized Representative(s))

This is to convey to you the grant of approval for assistance under Gujarat's Biotechnology Policy 2022-27 by _____ (committee) during meeting held on _____ (date) and your Actual Commercial Operation Date _____ has been accepted and acknowledged.

Capital Assistance sanctioned for disbursement is INR _____ (Rupees _____ only) and details & disbursement schedule for the same are provided hereunder.

Table 1: Final eGFCI & maximum eligible Capital Assistance under Application

| Sr. No. | Expenditure Item | Amount as per Application | Remarks/ Reasons | Amount accepted by the Nodal Agency |
|---------|---|---------------------------|------------------|-------------------------------------|
| 1 | Registration and Stamp Duty | | | |
| 2 | Plant and Machinery | | | |
| 3 | Building Cost | | | |
| 4 | Site Development | | | |
| 5 | Technology Upgradation & Acquisition | | | |
| 6 | Utilities | | | |
| 7 | Total eGFCI (Application – Capital Expenditure) | | | |
| 8 | Maximum eligible Capital Assistance | | | |

Table 2: Indicative eGFCI & maximum eligible Capital Assistance towards Supplementary Capital Claim Application

| Sr. No. | Expenditure Item | Amount as per Application | Remarks/ Reasons | Amount accepted by the Nodal Agency |
|---------|---|---------------------------|------------------|-------------------------------------|
| 1 | Registration and Stamp Duty | | | |
| 2 | Plant and Machinery | | | |
| 3 | Building Cost | | | |
| 4 | Site Development | | | |
| 5 | Technology Upgradation & Acquisition | | | |
| 6 | Utilities | | | |
| 7 | Total eGFCI (Supplementary Capital Claim Application – Capital Expenditure) | | | |
| 8 | Maximum eligible under Supplementary Capital Assistance | | | |

Table 3: Estimated/ Projected Operational Expenditure & eligible Operational Assistance for 5 years

| Sr. No. | Expenditure Item | Estimated/ Projected Cost | Eligible Operational Assistance (Indicative) | Disbursement Schedule | Remarks |
|---------|-------------------------------|---------------------------|--|-----------------------|---------|
| 1 | Power Tariff | | | | |
| 2 | Patent Assistance | | | | |
| 3 | Market Development | | | | |
| 4 | Lease Rental | | | | |
| 5 | Bandwidth leasing | | | | |
| 6 | Quality Certification | | | | |
| 7 | Employee Provident Fund | | | | |
| 8 | Interest Subsidy on Term Loan | | | | |
| 9 | Electricity Duty | | | | |

Disbursement Schedule

| Sr. No. | Assistance Type | Disbursement Schedule | Remarks |
|---------|--|--|---------|
| 1 | Capital Assistance under Application | <p>Capital Assistance shall be disbursed in _____ instalments with each instalment amounting to INR _____/- (Rupees _____ Only).</p> <p>First instalment shall be disbursed before end of Financial Quarter - _____ (month-month) of _____ (Year).</p> <p>Second instalment shall be disbursed before end of Financial Quarter - _____ (month-month) of _____ (Year).</p> <p>Third instalment shall be disbursed before end of Financial Quarter - _____ (month-month) of _____ (Year).</p> <p>Fourth instalment shall be disbursed before end of Financial Quarter - _____ (month-month) of _____ (Year).</p> <p>Quarterly instalments shall be disbursed subject to fulfilment of applicable terms and conditions including approval of the annual reports in accordance with Clause 8.4.3</p> | |
| 2 | Capital Assistance under Supplementary Capital Claim | Expenditure incurred from _____ (ACOD) to _____ shall be considered eligible expenditure under Supplementary Capital Claim | |
| 3 | Operational Assistance | <p>Operational Assistance Claim Period shall be from _____ to _____</p> <p>Operational Claim Applications shall be processed on _____ (Quarterly/ Half-yearly/ Annual) basis</p> | |

Applicable Terms and Conditions:

- 1.
- 2.
- 3.

(Name)
Mission Director
Gujarat State Biotechnology Mission

Accepted by

<Name of Applicant>

Authorized Signatory

Annexure 4- Format for Final Supplementary Capital Assistance Claim Application

| | |
|----------|--|
| 1 | Details of Entity Applying for Assistance |
| 1.1 | Name of the Entity: |
| 1.2 | Project Type: |
| | <input type="checkbox"/> New <input type="checkbox"/> Mega Project <input type="checkbox"/> Ecosystem Strengthening Project <input type="checkbox"/> Special Project <input type="checkbox"/> Relocation (From outside State) <input type="checkbox"/> Relocation (From outside Country) <input type="checkbox"/> Diversification <input type="checkbox"/> Expansion |

| | | | | | | | | |
|--|---|----------------------------|---|---------------------------------------|------------------------------|---|---|-----------------|
| 2 | Expenditure incurred towards GFCI/ Estimated Capital Expenditure towards Supplementary Capital Claim | | | | | | | |
| 2.1 | Registration and Stamp Duty | | | | | | | |
| Sr. No. | Description of the Asset/ Property | Use of the Asset/ Property | Possession Type (Outright Purchase/ Lease) | Total area (sq. m.) | Duration of lease (in years) | Cost/ lease rental (per annum) of Asset/ Property | Registration Cost | Stamp Duty Cost |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| (In case of more than one property or asset or possession type, add separate rows for each item) | | | | | | | | |
| | Sub-total | | | | | | | |
| 2.2 | Plant and Machinery | | | | | | | |
| Sr. No. | Name of the Plant & Machinery | Description | Type (New Indigenous/ Second Hand Indigenous/ New Imported/ Second Hand Imported) | Original Equipment Manufacturer (OEM) | Year of Manufacturing | Life of Machinery (Lifespan) | Estimated Cost (including taxes, duty, etc., excluding Royalty) | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| (Add separate rows for each item, as required) | | | | | | | | |
| | Sub-total | | | | | | | |
| 2.3 | Building | | | | | | | |
| Sr. No. | Item | Description | Unit | Quantity | Unit rate | Estimated Cost (including taxes, duty, etc.) | | |
| 1 | Civil Works/ Structural | | | | | | | |
| 2 | Interiors/Finishing | | | | | | | |
| 3 | Conveyance lifts | | | | | | | |
| 4 | HVAC | | | | | | | |
| 5 | Fire protection | | | | | | | |

| 6 | Electrical | | | | | | |
|---|---|-------------|---------------------------------|-------------------|-------------------------------------|--|---|
| 7 | Plumbing | | | | | | |
| (Add separate rows for additional items, as required) | | | | | | | |
| | Sub-total | | | | | | |
| 2.5 Technology Upgradation & Acquisition | | | | | | | |
| Sr. No. | Name of the Technology | Description | Type (Upgradation/ Acquisition) | Country of origin | Availability in the India (Yes/ No) | Availability in the Gujarat (Yes/ No) | Estimated Cost (including taxes, duty, etc., but excluding Royalty) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| (Add separate rows for additional items, as required) | | | | | | | |
| | Sub-total | | | | | | |
| 2.6 Utilities | | | | | | | |
| Sr. No. | Name of Utilities | | Description | Capacity | Unit | Cost (including taxes, duty, etc., but excluding consultation/ professional charges) | |
| 1 | Solid Waste Management Facility | | | | | | |
| 2 | Gas Connection and related infrastructure | | | | | | |
| 3 | Substation | | | | | | |
| 4 | Solar Unit/ Any other Captive Power Generation unit | | | | | | |
| 5 | Effluent Treatment Plant | | | | | | |
| 6 | Zero Liquid Discharge | | | | | | |
| | Sub-total | | | | | | |

| | | |
|---|--|--------------------------|
| 3 | Summary of the Expenditure incurred towards GFCI | Sub-Total from Section 2 |
| | Registration and Stamp Duty | |
| | Plant and Machinery | |
| | Building | |
| | Technology Upgradation & Acquisition | |
| | Utilities | |
| | Total | |

Declaration:

1. I / We hereby confirm that to the best of our knowledge and belief, information given herein and other documents 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 of tax are found to be disbursed in excess of the amount actually admissible whatsoever the reason.
2. I/We hereby declare that we have read the Government Resolutions BTP/022022/446/BT dated 15/02/2022 & BTP/___2021/___/BT dated ___/___/2022. I/We undertake to comply all the conditions stipulated therein to avail incentives mentioned in the resolutions.
3. I/We hereby declare that the details given above are true & correct, if any of the information is found to be incorrect and not fulfilling the provisions laid down in the above resolutions, the Incentives are liable to be recovered.
4. I/We also declare that I am authorized by the enterprise to sign and submit the application and related details with relevant documents.

Place:

Date:

Company Seal

Applicant's signature

Name:

Designation:

Annexure 5: Details of Eligible and Ineligible components

Eligible Component under Capital Expenditure Assistance

| Sr. No. | Capital Expenditure Item | Eligible Components | Ineligible Components |
|---------|--------------------------------------|---|--|
| 1 | Plant and Machinery | As per Clause 3.9 Servers where the requirement for the same is based on core business/ service offerings Transportation and installation charges paid to the Vendor/ Original Equipment Manufacturer (OEM) as part of procurement | Not part of manufacturing process/ service |
| 2 | Buildings | Certified by Architects/ Engineers towards Construction cost | Moveable assets such as furniture, non-essential interior works, etc. Technical Consultancy Charges |
| 3 | Registration & Stamp Duty | 100% cost incurred for Registration & Stamp Duty towards purchase/ lease of property as part of the proposed project Payment towards land use conversion from agriculture to non-agriculture | Premium charges towards land use conversion Note: Premium charges paid for conversion of land use from agriculture use to non-agriculture use shall mean the additional charges paid as per <i>Jantri</i> for specific land parcel indicated as 'Premium charges' |
| 4 | Technology Upgradation & Acquisition | Patented Technology acquired from Indian, Foreign and Multi-national Companies/ Institutes/ Organizations, subject to max. ceiling of 10% of eGFCI. | Royalty Payment(s) Development of in-house Biotechnology Solutions for product and process improvement. Digital interventions including ERP, HRMS, PMS, etc. |
| 5 | Utilities | Sewage/ Effluent Treatment Plant Zero Liquid Discharge plant Capital or one-time investment towards development of green utilities such as Captive Solar Power Plant Infrastructure for Network and Internet Services Other on-site utilities (only integral to core functioning of components) | Trunk Infrastructure/ utilities (last mile connectivity) |

Eligible Component under Operational and Other Expenditure Assistance

| Sr. No. | Operational Expenditure Item | Eligible Components | Components not eligible |
|---------|---|--|--|
| 1A | Operational Assistance - Power Tariff | Power purchased from State Electricity distribution companies or power distribution licensees Note: Expansion/ diversification applicants must procure/ install separate connection and meter. The bills must be produced/ submitted only pertaining to the expansion and diversification approved through the application. | Power consumed from captive power plant |
| 1B | Operational Assistance - Patent Assistance | Expenditure incurred for obtaining National/ International Patents Incentive shall be provided at the rate of 50%, subject to a ceiling of INR 2 lakhs per patent for domestic patents which shall be limited to INR 10 lakhs and INR 5 lakhs per patent for International Patents which shall be limited to INR 25 lakhs. | Non- essential Patent(s) for operations of the proposed project |
| 1C | Operational Assistance - Market Development | Towards participation in National or International Exhibitions/ Trade fairs: <ul style="list-style-type: none"> Rent of stall or rent of space and amount paid to organizer towards creation of stall and on rented space Display material Incentive shall be up to INR 50,000/- per event for maximum 2 times (events) during the operational assistance period | Events participated before or after defined operational assistance period Cost of Travel, Lodging, Boarding, etc. |
| 1D | Operational Assistance - Lease Rental | Cost as per registered lease agreement/ deed, applicable & valid for the period for which operational assistance is sought Proof of transactions/ payment receipts must be submitted along with copy of the PAN card of the lessor | Cost towards lease on non-essential spaces Lease paid before or after defined operational assistance period |

| Sr. No. | Operational Expenditure Item | Eligible Components | Components not eligible |
|---------|---|--|--|
| 1E | Operational Assistance - Bandwidth Leasing | Expenditure incurred on buying or leasing bandwidth from a recognized Internet Service Provider, registered in India, with a valid GST number | Cost for installation, One-time or recurring |
| 1F | Operational Assistance - Assistance to Quality Certifications | Cost for certificate shall include, Fees charged by certification agency Renewal of certificate AMC for certifications, calibrations | Travel, hotel & site visit charges Purchase of testing equipment/ machinery More than one year from the date of issue of the certificate |
| 2 | Employment Generation Incentive | only for permanent/ contractual employee who have successfully completed term of 1 year | Specific employee for whom his earlier company has already claimed this incentive |
| 3 | EPF Assistance | Amount paid by the beneficiary/ Entity directly to the Employees' Provident Fund Organization (EPFO) including EPF paid for contractual & outsourced employees Only applicable for employees working full-time & operating within the State (not beyond prescribed statutory limit) | |
| 4 | Interest Subsidy on Term Loan | Term Loan procured towards expenditure accounted under GFCI Term Loan shall not exceed approved GFCI Term loan account must be an exclusive account maintained by the financing institution/ beneficiary | Penalties of any kind imposed by the financing institution If enterprise is availing interest subsidy under Scheme of Central Government, then total quantum of interest subsidy from State and Central, in any case shall not exceed 90% of the total interest paid to Bank/ Financial institution |
| 5 | Electricity Duty | Refer Operational Assistance - Power Tariff above | Refer Operational Assistance - Power Tariff above |



Gujarat State Biotechnology Mission

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