## **PROFORMA FOR**

INFORMATION TO BE SUBMITTED BY SUPPLIER IN DOMESTIC TARIFF AREA (DTA) TO DEVELOPMENT COMMISSIONER, SEZ FOR SUPPLY OF SCOMET ITEMS TO SEZ UNITS UNDER NOTIFICATION NO. 93 (RE-2010)/2009-2014 DATED  $6^{\rm TH}$  JANUARY, 2012

(Report to be submitted within 1(one) week of the supplies getting effected)

| 1.  | Name and address of the Development Commissioner, SEZ: |                    |                                  |             |                            |                   |           |      |  |  |  |
|---|--|--------------------|----------------------------------|-------------|----------------------------|-------------------|-----------|------|--|--|--|
| 2.  | Name and address of the Supplier :                     |                    |                                  |             |                            |                   |           |      |  |  |  |
| 3.  | Importer-Exporter Code (IEC):                          |                    |                                  |             |                            |                   |           |      |  |  |  |
| 4.  | 4. Details of SCOMET items supplied :                  |                    |                                  |             |                            |                   |           |      |  |  |  |
| Sl.<br>No.  | Description of items                                   | SCOMET<br>Category | ITC(HS)<br>Code, if<br>available | Qty         | SEZ Unit to which supplied | Date of<br>Supply | FOB Value |      |  |  |  |
|   |  |                    |                                  |             |                            |                   | Rs        | US\$ |  |  |  |
|   |  |                    |                                  |             |                            |                   |           |      |  |  |  |
|   |  |                    |                                  |             |                            |                   |           |      |  |  |  |
|   |  |                    |                                  |             |                            |                   |           |      |  |  |  |
|   |  |                    |                                  |             |                            |                   |           |      |  |  |  |
| 5. I hereby declare that I am authorized to verify and sign this declaration. |  |                    |                                  |             |                            |                   |           |      |  |  |  |
| Date:   |  |                    |                                  |             |                            |                   |           |      |  |  |  |
|   |  |                    |                                  | Signature : |                            |                   |           |      |  |  |  |
| Place:  |  |                    |                                  |             | Name:                      |                   |           |      |  |  |  |
|   |  | Designation:       |                                  |             |                            |                   |           |      |  |  |  |
|   |  | Telephone:         | Telephone:                       |             |                            |                   |           |      |  |  |  |
|   |  | FAX:               |                                  |             |                            |                   |           |      |  |  |  |
|   |  | Email address :    | Email address :                  |             |                            |                   |           |      |  |  |  |
|   |  |                    |                                  |             |                            |                   |           |      |  |  |  |

## **PROFORMA FOR**

INFORMATION TO BE SUBMITTED ANNUALLY(\*) BY DEVELOPMENT COMMISSIONER, SEZ TO SCOMET CELL, DGFT (HQRS), DEPARTMENT OF COMMERCE, UDYOG BHAWAN, MAULANA AZAD ROAD, NEW DELH – 110011, UNDER NOTIFICATION NO. 93 (RE-2010)/2009-2014 DATED 6<sup>TH</sup> JANUARY, 2012

| 1. Name of the SEZ:  |                      |                    |                                  |     |                     |  |                                  |                   |           |      |  |  |
|--|----------------------|--------------------|----------------------------------|-----|---------------------|--|----------------------------------|-------------------|-----------|------|--|--|
| 2. Details of SCOMET items supplied from DTA:                                |                      |                    |                                  |     |                     |  |                                  |                   |           |      |  |  |
| Sl.<br>No.   | Description of items | SCOMET<br>Category | ITC(HS)<br>Code, if<br>available | Qty | Name of<br>Supplier | Importer-<br>Exporter<br>Code<br>(IEC) | SEZ Unit to<br>which<br>supplied | Date of<br>Supply | FOB Value |      |  |  |
| 1100   |                      |                    |                                  |     |                     |  |                                  |                   | Rs        | US\$ |  |  |
|  |                      |                    |                                  |     |                     |  |                                  |                   |           |      |  |  |
|  |                      |                    |                                  |     |                     |  |                                  |                   |           |      |  |  |
|  |                      |                    |                                  |     |                     |  |                                  |                   |           |      |  |  |
|  |                      |                    |                                  |     |                     |  |                                  |                   |           |      |  |  |
| Official Seal/Stamp:   |                      |                    |                                  |     |                     |  |                                  |                   |           |      |  |  |
| Date :  Signature of Development Commissioner/ authorized officer of the SEZ |                      |                    |                                  |     |                     |  |                                  |                   |           |      |  |  |
|  | Name:                |                    |                                  |     |                     |  |                                  |                   |           |      |  |  |
|  | <b>Designation:</b>  |                    |                                  |     |                     |  |                                  |                   |           |      |  |  |
|  | Telephone:           |                    |                                  |     |                     |  |                                  |                   |           |      |  |  |
|  | $\mathbf{FAX}$ :     |                    |                                  |     |                     |  |                                  |                   |           |      |  |  |
| Email address:   |                      |                    |                                  |     |                     |  |                                  |                   |           |      |  |  |

<sup>(\*)</sup> Note: Report to be submitted by 15<sup>th</sup> May of every financial year for the supplies effected during the preceding financial year. [e.g. Report for the period 1<sup>st</sup> April 2011 to 31<sup>st</sup> March 2012 must be submitted by 15<sup>th</sup> May 2012.]