

Ref. No. GJEPC/Members/2014-2015

TO

ALL MEMBERS OF THE COUNCIL, Mumbai Region

Sub:-MSME Entrepreneur Memorandum form

Dear All.

We would like to inform your goodself that MSME is coming with few schemes for the small and medium exporters. To avail the benefit of those schemes, the member exporters has to get registered with them on the MSME website. Member exporters will be entitled with the scheme benefit after the successful registration. Hence it is requested to your goodself that please registered on the local MSME website

Member exporters can also visit the MSME office which is given below to get their registrations.

Address: Micro, Small and Medium Enterprises (MSME)

Indl. Chemical Laboratory Bldg.

V.N.Purv.Marg,

Opp. Tatanagar, Chunabhatti, Mumbai-400 022.

Member exporters may also download the EM-I and EM-II forms from our website www.gjepc.org.

Thanking you,

With best regards

SABYASACHI RAY

EXECUTIVE DIRECTOR

Encl: EM-I and EM-II forms

The Gem & Jewellery Export Promotion Council

रत्न तथा आभूषण निर्यात संवर्धन परिषद

[Published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (ii)]

Government of India Ministry of Small Scale Industries

New Delhi, the 30 September, 2006

NOTIFICATION

S.O. 1643 (E)- In exercise of the powers conferred by sub-section (2) of section 8 of the Micro, Small and Medium Enterprises Development Act 2006 (27 of 2006) herein referred to as the said Act, the Central Government, after obtaining the recommendations of the Advisory Committee in this behalf, hereby provides for the format of memorandum and procedure of its filing and other matters incidental thereto for the purpose of the said Act, namely:-

Schedule I

Form No. -----

ENTREPRENEURS MEMORANDUM FOR SETTING UP MICRO, SMALL OR MEDIUM ENTERPRISE

GENERAL INSTRUCTIONS.

- 1. MEMORANDUM IS TO BE FILED WITH THE DISTRICT INDUSTRIES CENTRE* BY A MICRO, SMALL OR MEDIUM ENTERPRISE, AS THE CASE MAY BE, UNDER SUB-SECTION (1) OF SECTION 8 OF THE MICRO, SMALL AND MEDIUM ENTERPRISES DEVELOPMENT (MSMED) ACT, 2006.
- 2. FOUR COPIES OF THE MEMORANDUM SHOULD BE FILED.
- 3. THERE IS NO FEE FOR PROCESSING THE MEMORANDUM.
- 4. EXISTING UNITS SHOULD FILL UP ONLY PART II OF THE MEMORANDUM.
- 5. IN CASE OF ANY CHANGE IN THE INFORMATION, AT ANY POINT OF TIME, PLEASE INFORM THE DETAILS WITHIN THREE MONTHS TO DISTRICT INDUSTRIES CENTRE.
- 6. WRITE / TYPE IN BLOCK (CAPITAL) LETTERS
- 7. LEAVE ONE BLANK BOX AFTER EACH WORD.
- 8. FILL UP WHICHEVER IS APPLICABLE.

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	(vi) AREA (RURA	AL -1 , URE	SAN -2))											
5.	CATEGORY OF E	ENTERPRI	SE										7		
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	(i) MANUF	FACTURE													
	(ii) SERVIC	E													
	(iii) OTHERS	S													
	In case of others,	please spec	ify							 					
7.	NATURE OF OPE (Perennial-1, Sea		asual-3))											
8.	WHETHER THE U (Yes-1, No-2)		L BE A	N AN	CILL	ARY	7								
9.	PROPOSED SCHI MACHINERY	EDULE OF	F INSTA	ALLA	TION	OF	PLAN	NT A	.ND		1 M	Y	YY	Y	
10.	TYPE OF ORGAI (PROPRIETAR CO-OPERATIV COMPANY-6, S	Y-1, HIND ⁄E –4, PRIV	U UND 'ATE I	LIMIT	ED C	OM	PANY								

11.	(a) MAIN MAN	UFACT	JRIN	IG/S	ER	VIC	CE A	АСТ	IV	ITY											
	NAME																				
	CODE (I	NIC 98*)																		
	(b) PRODUCTS	5 ТО ВЕ	MA	NUF	FAC	TU	JRE	D/S	ER	VIC	E T	O E	BE P	RO	VII	DEI)				
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11.	(*) Codes for act by the Develope filled in by th Memorandum is (ADD ADDITIO	ment Co e Distri submitte	mmis ct Ir ed.	ssion idust	er (tries	(Sm	nall Cent	Sca re	ile : or	Indi th	istri e o	es),	Go	veri	nme	nt (of I	ndia	to	be	:
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	(ii) BUILDI	NG (OV LEASE APPRO	D-03)					/												
	(iii) PLANT (In case of	Γ AND I						VA	LU	E*											

	(iv)		EQUIPMENT a case of service enterprise)		V.	ALI	JE*	:							
	(v)	I	FOREIGN EQUITY, IF ANY		V	ALI	JE*	:							
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13.	INSTA	LL	LED CAPACITY (proposed) P	ER	AN	NU	M		Q	TY		τ] [UNIT	Γ]
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15.	[IF RE (NO PO ELEC CONV	EQI OW TR VEI	HER SOURCE OF ENERGY/ UIRED] /ER NEEDED –1, COAL-2, O ICITY FROM GRID-5, EL NTIONAL ENERGY –7, TRA power required, specify reason	IL- EC' DIT	3, L TRI	IQU CIT	YF	FRC	M GE	NEF	RAT	OR-	- 6, N	NON	-
	(b) INI	DIC	CATE ANNUAL REQUIREM SOURCE OF ENERGY	EN.	Γ				Q ^r	ΓΥ] [UNI	T	1
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16.	EXPECT	ГЕІ	D EMPLOYMENT									(N	os.)		
	(i)		MANAGEMENT AND OFF	FIC	E S	ГАЕ	F								
	(ii)	SUPERVISORY												
	(ii	i)	WORKERS												
17.			ENEURS' PROFILE (OF ALL ATION-USE SEPARATE SH							RS (OF T	ГНЕ	E		
	(a) N	NA]	ME												
	(i) M	ΙΑΙ	.E (M) / FEMALE (F)												

	(ii) SC (1) / ST (2) / OBC (3) / OTHERS (4) PHYSICALLY CHALLENGED (5)
	(iii) KNOWLEDGE LEVEL [TECHNICAL GRADUATE- 1, MANAGEMENT GRADUATE-2, POST GRADUATE-3,OTHER GRADUATE-4, UNDER-GRADUATE-5, ANY OTHER LOWER-6]
	(iv) EQUITY PARTICIPATION (in Rupees)
	(Percentage of total equity)
	(v) STAKE IN OTHER MANUFACTURING ENTERPRISES (Yes-1, No-2) [ADD ADDITIONAL SHEET, IF NEEDED]
18.	EXPECTED SCHEDULE OF COMMENCEMENT OF PRODUCTION / ACTIVITY M M Y Y Y Y
	ATE:
PL	ACE: [SIGNATURE OF THE APPLICANT /AUTHORISED PERSON
	NAME OF THE PROPRIETOR/PARTNER/ MANAGING DIRECTOR
	 (a) Enclose a self-certified copy of Power of Attorney/Board Resolution/Society Resolution wherever applicable, while signing as Partner/Managing Director or Authorised Person. (b) Enclose a certified/notarized copy of the Partnership Deed/Memorandum of Association/Articles of Association in case of Medium Enterprises.
	<u>Undertaking</u>
	This is to certify that the information furnished in the memorandum in Form No is true and correct to the best of my knowledge and belief.
	DATE: PLACE:
	[SIGNATURE OF THE APPLICANT /AUTHORISED PERSON]

	<u>A0</u>	CKNOWLEDGI	<u>EMENT</u>	Form No
	ITS	INTENT	TO	ED MEMORANDUM SET UP CTURING/SERVICE)
ENTERPRISE	AT	THE	ADDRESS	
	FORM NO			PIN ENTREPRENEURS'
DATE OF ISSUE			D D M M	Y Y Y Y
CATEGORY OF TH	E UNIT			
(MANUFACTURIN	G-1, SERVICE	S-2)		
(MICRO-1, SMALL	–2, MEDIUM –	3)		
ENTREPRENEURS'	MEMORAND	UM NUMBER		
and seventh boxes are	e for category of or indicating m	enterprise (sixth icro or small o	box for indicting ma	for District code, sixth anufacturing or service st five boxes are for
DATE: PLACE:				
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I. ENTREPRENE NUMBER (Part		EMOR	ANI	OUM	1													
II. DATE OF ISSU	Е									<u> </u>			M Y			<u> </u>	Y	
III. MONTH OF CO ACTIVITY NAME OF APPLIC		NCEM!	ENT	OF	PR	ODI	JCT	TIOI	N /				M Y	Y	/ \ <u>\</u>	YY		
(a) ADDRESS O	F COM	MUNI	САТ	ION	I													
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(i) TELEPH	ONE N	UMBE	R															
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(v) WEB-SI	TE																	
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(b) PERMANENT RESIDENTIAL ADDRESS (MAIN APPLICANT)

(i) TELEPHONE NUMBER

PIN

1.

2.

	(ii) FAX NUMBE	R											
	(iii) CELL PHONI	e nu i	MB.	ER									
	(iv) E-MAIL												
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3.	NAME OF ENTERPR	RISE											
4.	LOCATION OF ENTER	PRISI	Ξ	•									
	(i) VILLAGE / TOWN												
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5.	CATEGORY OF ENTER			Л	3)								

6.	NATURE OF ACTIVITY [Tick Appropriate Box(s)]
	(i) MANUFACTURE
	(ii) SERVICE
	(iii)OTHERS
	In case of others, please specify:
7.	NATURE OF OPERATION (Perennial-1, Seasonal-2, Casual-3)
8.	WHETHER THE UNIT IS AN ANCILLARY (Yes-1, No-2)
9.	M M Y Y Y Y MONTH OF INSTALLATION OF PLANT AND MACHINERY
10.	WHETHER THE UNIT IS REGISTERED UNDER FACTORY ACT (Under Section 2m(i)/2m(ii)-1, 85)I)/85(ii)-2, not registered -3)
OP	TYPE OF ORGANIZATION [PROPRIETORY-1, HINDU UNDIVIDED FAMILY –2, PARTNERSHIP-3, CO- PERATIVE –4, PRIVATE LIMITED COMPANY -5, PUBLIC LIMITED COMPANY-6, SELF- ELP GROUP-7, OTHERS-8]
12.	(a) MAIN MANUFACTURING/SERVICE ACTIVITY
	NAME
	CODE (NIC 98*)
	(b) PRODUCTS TO BE MANUFACTURED/SERVICE TO BE PROVIDED
	(i) NAME
	CODE (ASICC2000*)
	(ii) NAME
	CODE (ASICC2000*)

	(ii	i) NAM	ΙE																		
		COD	E (ASIO	CC200	00*)																
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16.	(a) (i) OTHER SOURCE OF ENERGY/POWER [IF REQUIRED] (NO POWER NEEDED –1, COAL-2, OIL-3, LIQUID PETROLIUM GAS-4, ELECTRIC FROM GRID-5, ELECTRICITY FROM GENERATOR- 6, NON-CONVENTIONAL ENERGY –7, TRADITIONAL ENERGY/FIREWOOD-8) (ii) If no power required, specify reasons;	CITY
	(b) INDICATE ANNUAL REQUIREMENT SOURCE OF ENERGY QTY UNITS	
	SOURCE OF ENERGY QTT CIVITS	
17.	EMPLOYMENT MALE FEMALE (Nos.) (Nos.)	
	(i) MANAGEMENT AND OFFICE STAFF	
	(ii) SUPERVISORY	
	(iii) WORKERS	
18.	TOTAL ANNUAL TURNOVER (in Rupees) (If less than one year of operation, then expected turnover)	
19.	EXPORT (if any) (in Rupees)	7
20.	ENTREPRENEURS' PROFILE (OF ALL PARTNERS/DIRECTORS OF THE ORGANISATION- USE SEPARATE SHEETS, IF NEEDED)	_
	(a) NAME	
	(i) MALE (M) / FEMALE (F)	
	(ii) SC (1) / ST (2) / OBC (3) / OTHERS (4) PHYSICALLY CHALLENGED (5)	
	(iii) KNOWLEDGE LEVEL [TECHNICAL GRADUATE- 1, MANAGEMENT GRADUATE-2, POST GRADUATE-3, OTHER GRADUATE-4, UNDERGRADUATE-5, ANY OTHER LOWER -6]	

(iv) EQUITY PARTICIPATION (in Rupees)	
(in percentage of total equity)	
(v) STAKE IN OTHER MANUFACTURING ENT (Yes-1, No-2)	TERPRISES
[ADD ADITIONAL SHEET, IF NEEDED]	
21. DATE OF COMMENCEMENT OF PRODUCTION / AC	CTIVITY D D M M Y Y Y Y
DATE: PLACE: [SIGNATURE OF THE APPL	ICANT /AUTHORISED PERSON]
NAME OF THE PROPRIETOR/PA	RTNER/ MANAGING DIRECTOR
 (a) Enclose a self-certified copy of Power of Attorney/Board Resolution/Society Resolution, wherever applicable, while signing as Partner/Managing Director or Authorised Person. (b) Enclose a certified/notarized copy of the Partnership Deed/Memorandum of association/Articles of Association in case of Medium Enterprises. 	
This is to certify that the information furnished in is true and correct to the best of my known	
DATE: PLACE: [SIGNATURE OF THE APPLICANT /AU	JTHORISED PERSON]

Form No ACKNOWLEDGEMENT	
M/s	ENTERPRISE
STATED IN FORM NO AND ALLOCATED EM NO.	
D D M M Y Y DATE OF ISSUE	YY
CATEGORY OF THE UNIT (MANUFACTURING-1, SERVICES-2)	
(MICRO-1, SMALL –2, MEDIUM – 3)	
ENTREPRENEURS MEMORANDUM NUMBER	
(First two boxes are for State/Union Territory code, next three boxes are for District code, sixth and seventh boxes are for category of enterprise (sixth box for indicting manufacturing or service and seventh box for indicating micro or small or medium) and last five boxes are for Entrepreneurs' Memorandum number)	
DATE:	

PLACE:

SIGNATURE

WITH OFFICE SEAL