## **Format of Certificate from Company Secretary regarding clearances/approvals required**

To,

IFCI Ltd.

Project Management Agency for PLI Scheme for Bulk Drugs

IFCI Tower, 61, Nehru Place

New Delhi - 110019

**Reference:**

**Approval letter issued by IFCI in favour of \_\_\_\_\_\_\_\_\_\_\_\_\_ (company name) under the Production Linked Incentive Scheme for Promoting domestic manufacturing of critical Key Starting Material/Drug Intermediates/ Active Pharmaceutical Ingredients in India vide letter no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_.**

**Production Linked Incentive (PLI) Scheme for promoting domestic manufacturing of critical Key Starting Material/Drug Intermediates/ Active Pharmaceutical Ingredients in India notified vide Gazette Notification No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_ and PLI scheme Guidelines issued thereunder, as amended from time to time.**

**Guidelines for the operation of Production Linked Incentive Scheme (PLI) for promoting domestic manufacturing of critical Key Starting Material/Drug Intermediates/ Active Pharmaceutical Ingredients in India dated 21st July, 2020 (revised on 29th October 2020 F. No. 31026/16/2020-Policy).**

In connection with our incentive claim under PLI Scheme for Promoting domestic manufacturing of critical Key Starting Material/Drug Intermediates/ Active Pharmaceutical Ingredients in India for the period from xx Month, 20xx to xx Month, 20xx, this is to certify that that \_\_\_\_\_\_\_\_\_\_\_\_\_( Company/LLP/Partnership firm/Proprietorship name), incorporated under relevant Act, having CIN/Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has obtained all requisite regulatory and statutory clearances, approval, licenses including environmental clearances required by law for the purpose of manufacturing eligible products at its all units situated at………………….

1. ………………….
2. ………………….

The approvals were available and valid throughout the period for which incentive is being claimed.

Detail of such statutory approvals are given hereunder:

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No. | Particulars | Approving Authority | Valid Up to |
|  |  |  |  |

For (*company name)* ……………………….

Company Secretary

Place: [●]

Date: [●]