

**ENTREPRENEURS MEMORANDUM
FOR
SETTING UP MICRO, SMALL OR MEDIUM ENTERPRISE
GENERAL INSTRUCTIONS.**

1. MEMORANDUM IS TO BE FILED WITH THE DISTRICT INDUSTRIES CENTRE NADIA*, 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.
9. ALL CODES OTHER THAN PIN CODE SHALL BE FILLED BY THE OFFICE.
10. FORM WILL BE MACHINE NUMBERED BY THE DISTRICT INDUSTRIES CENTRE.
11. * To be filed at the District Industries Centre under whose jurisdiction the enterprise is proposed to be located.

Form No.19/10/

FOR OFFICE USE ONLY

D D M M Y Y Y Y

DATE OF ISSUE

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NATURE OF ACTIVITY
(MANUFACTURING - 1, SERVICE - 2)

CATEGORY OF ENTERPRISE
(MICRO - 1, SMALL - 2, MEDIUM - 3)

ENTREPRENEURS MEMORANDUM NUMBER

1	9	0	1	0					
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 "PART - II"

(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 indicating manufacturing or service and seventh box for indicating micro or small or medium) and last five boxes are for Entrepreneurs' Memorandum number)

(ii) FAX NUMBER

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(iii) CELL PHONE NUMBER

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(iv) E-MAIL

(v) WEB-SITE

3. NAME OF ENTERPRISE

4. LOCATION OF ENTERPRISE

(i) VILLAGE/ TOWN

CODE

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(ii) TEHSIL / TALUK/
MANDAL

CODE

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(iii) DISTRICT

N	A	D	I	A															
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CODE

0	0	1	0
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(iv) STATE

W	E	S	T		B	E	N	G	A	L									
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CODE

1	9
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(v) PIN CODE

7	4	1			
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(vi) AREA (RURAL-1, URBAN-2)

5. CATEGORY OF ENTERPRISE
(MICRO-1, SMALL-2, MEDIUM-3)

6. NATURE OF ACTIVITY [Tick Appropriate Box(es)]
(i) MANUFACTURE

(ii) SERVICE

7. NATURE OF OPERATION
(Perennial-1, Seasonal-2, Casual-3)

8. WHETHER THE UNIT IS AN ANCILLARY
(Yes-1, No-2)

9. MONTH OF INSTALLATION OF PLANT AND MACHINERY
M M Y Y Y Y

10. WHETHER THE UNIT IS REGISTERED UNDER FACTORY ACT
(Under Section 2m(i)/2m(ii)-1, 85 (i) /85 (ii)-2, not registered--3)

11. TYPE OF ORGANIZATION
[PROPRIETARY-1, HINDU UNDIVIDED FAMILY-2, PARTNERSHIP-3. CO-
OPERATIVE-4, PRIVATE LIMITED COMPANY-5, PUBLIC LIMITED COMPANY-6
SELF-HELP GROUP-7 OTHER-8]

12. (a) MAIN MANUFACTURING/SERVICE ACTIVITY
NAME

CODE (NIC 98*)

b) PRODUCTS TO BE MANUFACTURED/ SERVICE TO BE PROVIDED
(i) NAME
CODE (ASICC 2000*)

(ii) NAME
CODE (ASICC 2000*)

(iii) NAME

CODE (ASICC 2000*)

(iv) NAME

CODE (ASICC 2000*)

(v) NAME

CODE (ASICC 2000*)

(* Codes for activities and products/services as per classification specified from time to time by the Development Commissioner (Small Scale Industries), Government of India to be filled in by the District Industries Centre or the office where the Entrepreneurs Memorandum is submitted.

(ADD ADDITIONAL SHEET FOR MORE PRODUCTS)

13. (a) INVESTMENT IN FIXED ASSETS [Rupees in lakh]

(i) LAND (OWNED -01/RENTED-02/ LEASED-03)

VALUE*

(ii) BUILDING (OWNED -01/RENTED-02/ LEASED-03)

VALUE*

(iii) PLANT AND MACHINERY VALUE*
(In case of manufacturing Unit)

(iv) EQUIPMENTS VALUE*
(In case of servicing Unit)

(iv) FOREIGN EQUITY, IF ANY. VALUE*

[* The value in the boxes should be filled in from the right side e.g., if the value is Rupees 10 lakhs it should be written as 10. This will also apply to all other items (rows) where quantity, number, etc., to be given.]

14. INSTALLED CAPACITY PER ANNUM

QTY UNIT

15. POWER LOAD

H.P / K.W.

16. (a) (i) OTHER SOURCE OF ENERGY/ POWER
 [IF REQUIRED]

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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(NO POWER NEEDED-1, COAL-2, OIL-3, LIQUID PETROLIUM GAS-4, ELEC
 TRICITY FROM GRID-5, ELECTRICITY FROM GENERATOR-6, NON-CONVEN
 TIONAL ENERGY-7, TRADITIONAL ENERGY/FIREWOOD-8)

(ii) If no power required, specify reasons ;

(b) INDICATE ANNUAL REQUIREMENT
 SOURCE OF ENERGY

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QTY				UNITS			
<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. EMPLOYMENT

- (i) MANAGEMENT AND OFFICE STAFF
- (ii) SUPERVISORY
- (iii) WORKERS

MALE (Nos)	FEMALE (Nos)
<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"/>	<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"/>

18. TOTAL ANNUAL TURNOVER (in Rupees)
 (If less than one year of operation, then
 expected turnover)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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19. EXPORT (if any) (in Rupees)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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20. ENTREPRENEURS' PROFILE (OF ALL PARTNERS/ DIRECTORS OF THE
 ORGANISATION. USE SEPARATE SHEETS, IF NEEDED)

(a) NAME

<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(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, UNDER GRADUATE-5,
 ANY OTHER LOWER-6]

(iv) EQUITY PARTICIPATION (in Rupees)

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(in percentage of total equity)

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(v) STAKE IN OTHER MANUFACTURING ENTERPRISES
(Yes-1, No. - 2)

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[ADD ADDITIONAL SHEET, IF NEEDED]

21. DATE OF COMMENCEMENT OF PRODUCTION / ACTIVITY

DATE :

D	D	M	M	Y	Y	Y	Y

PLACE :

[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 / notarised copy of the Partnership Deed/ Memorandum of Association / Articles of Association, in case of Medium Enterprise.

UNDERTAKING

This is to certify that the information furnished in the memorandum in form No. 19/10/ is true and correct to the best of my knowledge and belief. I / we have obtained approval/consent/ license/permit from the concerned Ministry/ Department of Central Government/State Government/ UT Administration as per statutory requirements

DATE :-

PLACE :-

[SIGNATURE OF THE APPLICANT/AUTHORISED PERSON]

ACKNOWLEDGEMENT

“PART - II”

M/S.

HAS FILED MEMORANDUM FOR A

(MANUFACTURING / SERVICE) ENTERPRISE WHICH HAS

BEEN SET UP AT THE ADDRESS :

POST :

DISTRICT : NADIA

PIN -

7	4	1			
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FOR THE ITEM /ITEMS INDICATED BELOW AND THE ACTIVITY HAS COMMENCED FROM

(DATED) AS STATED IN FORM NO **19/10/000**

AND ALLOCATED EM NO. AS BELOW.

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DATE OF ISSUE

NATURE OF ACTIVITY

(MANUFACTURING - 1, SERVICES - 2)

CATEGORY OF ENTERPRISE

(MICRO -1, SMALL - 2, MEDIUM - 3)

ENTREPRENEURS MEMORANDUM NUMBER

1	9	0	1	0					
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“PART - II”

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DETAILS OF ITEM / ITEMS TO BE MANUFACTURED / SERVICE TO BE PROVIDED.

Sl. No.	Items of Manufacture / Type of service to be rendered		Capacity in case of manufacture
1			
2			
3			
4			
5			
6			

(ADD ADDITIONAL SHEET IF REQUIRED)

NOTE :

THE ISSUE OF THIS ACKNOWLEDGEMENT DOES NOT BESTOW ANY LEGAL RIGHT. THE ENTERPRISE IS REQUIRED TO SEEK REQUISITE CLEARENCE / LICENSE/ PERMIT REQUIRED UNDER STATUTORY OBLIGATION STIPULATED UNDER THE LAWS OF CENTRAL GOVERNMENT / STATE GOVERNMENT / UT ADMINISTRATION / COURT ORDER.

DATE :

PLACE :

SIGNATURE

WITH OFFICE SEAL