

Registered Off: 1909 / 2, Ram Dhwaj Commercial Complex, 732 / B 1st Floor, Pune - Satara Road, Pune 411 037

Amended format for the Entrepreneurs' Memorandum under the MSMED Act 2006 after inclusion of the amendments vide notification No. S.O.941(E) dated 07.6.2007

Schedule I

Form	Nο		

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 & 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 Month To Dic.
- 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.
- * To be filed at the DIC under whose jurisdiction the enterprise is proposed to be located.

	For Office Use Only	Form	n No	
DATE OF ISSUE NATURE OF ACTIVITY		DD	MM	YYYY
(MANUFACTURING-1, SERVICE-2) CATEGORY OF ENTERPRISE				
(MICRO-1, SMALL –2, MEDIUM – 3)				

ENTREPRENEURS MEMORANDUM NUM	BER								7							
(First two boxes are for State/UT 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 EM number)																
									F(orm	No			 		
(To be f	filled i		RT expre		on (of ir	ntent	:)								
1. NAME OF APPLICANT																
2. (a) ADDRESS OF COMMUNICATION																
		<u> </u>								 	I PIN					
(I) TELEPHONE NUMBER] ' 						
(ii) FAX NUMBER																
(iii) CELL PHONE NUMBER																
(iv) E-MAIL																
(v) WEB-SITE									<u> </u>							<u></u>
															Ш	
(b) PERMANENT RESIDENTIAL																
ADDRESS (MAIN APPLICANT)																
								<u> </u>								_
(I) TELEPHONE NUMBER								<u> </u>		F	PIN					<u> </u>
(ii) FAX NUMBER			<u>Ш</u> П													
(iii) CELL PHONE NUMBER																
(iv) E-MAIL																
(v) WEB-SITE																

3. NAME OF PROPOSED ENTERPRISE																			
(if decided)																			
4. PROPOSED LOCATION OF ENTERPRISE	Ē																		
(I) VILLAGE / TOWN																			
CODE																			
(ii) TEHSIL / TALUK / MANDAL																			
CODE																			
(iii) DISTRICT																			
CODE																			
(iv) STATE																			
CODE						•	•		•	•		•	•	•		•	•		
(v) PIN CODE																			
(vi) AREA; (RURAL -1 , URBAN –2)		j	•			•	-												
5. CATEGORY OF ENTERPRISE (MICRO-1,	, SM.	ALL-	.2, №	MEC	IUIC	M-3)												
6. NATURE OF ACTIVITY [Tick Appropriate	te Bo	ox(e	s)]																
(I) MANUFACTURE																			
(ii) SERVICE																			
7. NATURE OF OPERATION (Perennial-1,	Sea	sona	al-2	, Ca	sua	l-3)													
8. WHETHER THE UNIT WILL BE AN ANC	ILLA	RY (Yes-	-1, ſ	No-2	2)													
9. PROPOSED SCHEDULE OF INSTALLATION	ON C	OF P	LAN	NT 8	k M	ACH	line	ERY		DD]	MN	/]	ΥΥ	ΥΥ		
10. TYPE OF ORGANIZATION (PROPRIETARY-1, HUF-2, PARTNERSHIP-3, CO-OPERATIVE-4, PVT. LTD. COMPANY-5, PUBLIC LIMITED COMPANY-6, SELF-HELF GROUP-7, OTHERS-8)																			
11. (a) MAIN MANUFACTURING / SERVI	ICE A	ACTI	VIT	Y															
NAME																			
CODE (NIC 98*)																			

(b)	PRC	DDUCTS TO BE MANUFACTURE	ED/	SER	VIC	E TO) BE	PR	OVI	DE	D.										
	(1)	NAME																			
		CODE (ASICC2000*)																			
	(ii)	NAME																			
		CODE (ASICC2000*)																			
	(iii)	NAME																			
		CODE (ASICC2000*)																			
	(iv)	NAME																			
		CODE (ASICC2000*)																			
	(v)	NAME																			
		CODE (ASICC2000*)																			
the offic	ce of es C	r activities and products / ser the Development Commission entre or the office where the IONAL SHEET FOR MORE PRO	ner Ent	· (Sr rep	nall rene	Sca	le II	ndu	stri	es),	to l	oe f	ille	d in	by	Dist	rict	-			
12. (a)	(a) PROPOSED INVESTMENT IN FIXED ASSETS [Rupees lakh] (I) LAND (OWNED-01/RENTED-02/ LEASED-03)																				
	(I) LAND (OWNED-01/RENTED-02/ LEASED-03)																				
	(I) LAND (OWNED-01/RENTED-02/ LEASED-03) APPROXIMATE VALUE*																				
	(ii)	BUILDING (OWNED-01 / REN	TED	-02	/ LI	EAS	ED-	03)													
		APPRO	XIIV	IATE	E VA	LUE	*														
	(iii)	PLANT & MACHINERY			VA	LUI	*														
		(In case of manufacturing en	terp	rise	e)																
	(iv)	EQUIPMENT			VA	LUI	*														
		(In case of service enterprise)																		
	(v)	FOREIGN EQUITY, IF ANY			VA	LUI	*														
[* The way to be given to be	en a				_			_											r, et	c.,	
13. INST	13. INSTALLED CAPACITY (proposed) PER ANNUM QTY UNIT																				
14. POW	/ER	LOAD (ANTICIPATED) H.P / K	.W.																		
15. (a)	(1)	OTHER SOURCE OF ENERGY /	PO	WE	R [I	F RE	EQU	IRE	D]												
. ,		POWER NEEDED-1, COAL-2,			-				-	Y FI	RON	1 GI	RID-	-5, E	ELEC	CTRI	CIT	Y FF	₹ON	1	
	GEN	NERATOR-6, NON-CONVENTIO	NA	LEN	NER(GY-	7, T	RAD	OITIC	NC	AL E	NEI	RGY	/ F	IRE'	WO	OD-	8)			

	(ii)	If no power required, specify reasons;		
(b)	INDICA	ΓΕ ANNUAL REQUIREMENT		
	SOURC	E OF ENERGY	QTY	UNIT
16.	EXPECT	ED EMPLOYMENT		(Nos.)
	(I) MAN	IAGEMENT & OFFICE STAFF		
	(ii) SUP	ERVISORY		
	(iii) WC	RKERS		
17.		PRENEURS' PROFILE (OF ALL PARTNERS / DIRECTORS OF THE ORGA , IF NEEDED)	ANISATION-USE SEF	PARATE
	(a) NA	ME		
	(1)	MALE (M) / FEMALE (F)		
	(ii)	SC (1) / ST (2) / OBC (3) / OTHERS (4) PHYSICALLY CHALLENGED (5	5)	
	(iii)	KNOWLEDGE LEVEL		
		[TECHNICAL GRADUATE-1, MANAGEMENT GRADUATE-2, POST G OTHER GRADUATE-4, UNDERGRADUATE-5, ANY OTHER LOWER-6		
	(iv)	EQUITY PARTICIPATION (in Rupee.)		
		(Percentage of total equity)		
	(v)	STAKE IN OTHER MANUFACTURING ENTERPRISES (Yes-1, No-2)		
		[ADD ADDITIONAL SHEET, IF NEEDED]		
18.	EXPECT	ED SCHEDULE OF COMMENCEMENT OF PRODUCTION / ACTIVITY	MM Y	ΥΥΥ
	DATE:			
	PLACE:	<u>—</u>		

[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)	(b) Enclose a certified/notarized copy of the Partnership Deed/Memorandum of Association / Articles of Association in case of Medium Enterprises.												
	Undertaking												
This is t	to certify that the information furnished in the memorandum in FORM NO												
is true a	and correct to the best of my knowledge and belief.												
DATE:													
PLACE:													
	[SIGNATURE OF THE APPLICANT / AUTHORISED PERSON]												
	Form No												
	ACKNOWLEDGEMENT												
	"PART-I"												
	TO SET UP A(MANUFACTURING/SERVICE) ENTERPRISE AT THE ADDRESS												
(DATE)	E ITEM/ITEMS INDICATED BELOW AND THE ACTIVITY IS PROPOSED TO COMMENCE FROM THE												
DETAILS	S OF ITEM/ITMES TO BE MANUFACTURED/SERVICE TO BE PROVIDED.												
Sl. No. 1 2	Items of Manufacture/type of service to be rendered Capacity in case of manufacture												
3													
4													
5													
6													
(ADD A	DDITIONAL SHEET IF REQUIRED)												

NOTE: THE ISSUE OF THIS ACKNOWLEDGEMENT DOES NOT BESTOW AN	Y LEGAL RIGHT. THE ENTERPRISE
IS REQUIRED TO SEEK REQUISITE CLEARANCE/LICENCE/ PERMIT REQUIR	ED UNDER STATUTORY
OBLIGATION STIPULATED UNDER THE LAWS OF CENTRAL GOVERNMENT	/STATE GOVERNMENT/UT
ADMINISTRATIONS/COURT ORDERS'.;	
	DD MM YYYY
DATE OF ISSUE	
NATURE OF ACTIVITY	
(MANUFACTURING-1, SERVICE-2)	
CATEGORY OF ENTERPRISE	
(MICRO-1, SMALL –2, MEDIUM – 3)	
ENTREPRENEURS MEMORANDUM NUMBER	PART-I
(First two boxes are for State/UT code, next three boxes are for District of	code, sixth and seventh boxes
are for category of enterprise (sixth box for indicting manufacturing or s	ervice and seventh box for
indicating micro or small or medium) and last five boxes are for EM num	ber)
DATE:	
PLACE:	
	SIGNATURE
	WITH OFFICE SEAL

Form No.	
1 01111 110.	

PART II

(To be filled up and submitted to District Industries Centre after commencement of production/activity)

[THE ROWS WHICH HAVE BEEN REPEATED NEED TO BE FILLED ONLY TO THE EXTENT THAT THE ACTUAL DETAILS ON COMMENCEMENT VARY FROM THOSE IN PART-I]

I. Eſ	M NUMBER (Part I)																
II. D	ATE OF ISSUE									DD	N	ΛN	1	ΥY	YY		
III. M	ONTH OF COMMENCEMENT OF PR	ODL	JCTIO	ON	/ A	CTI	VIT	Υ			N	ΛIV	1	ΥY	ΥΥ		
					,						L						
1. NA	ME OF APPLICANT																
				_	_												
2. (a)	ADDRESS OF COMMUNICATION			<u> </u>							<u> </u>						
											P	IN					
	(I) TELEPHONE NUMBER																
	(ii) FAX NUMBER																
	(iii) CELL PHONE NUMBER																
	(iv) E-MAIL																
																Ш	
	(v) WEB-SITE	Щ	_								_					Щ	_
(b)	PERMANENT RESIDENTIAL																
	ADDRESS (MAIN APPLICANT)																
											P	IN					
	(I) TELEPHONE NUMBER																
	(ii) FAX NUMBER																
	(iii) CELL PHONE NUMBER																
	(iv) E-MAIL																

(v) WEB-SITE																		
3. NAME OF ENTERPRISE (if decided)																		
4. LOCATION OF ENTERPRISE							1											
(I) VILLAGE / TOWN			L															
			L															
CODE																		
(ii) TEHSIL/TALUK/MANDAL																		
CODE																		
(iii) DISTRICT																		
CODE																		
(iv) STATE																		
CODE																		
(v) PIN CODE																		
(vi) AREA; (RURAL -1 , URBAN -2)																		
5. CATEGORY OF ENTERPRISE (MICRO-1,	SMAL	L-2,	MED	OIUI	VI-3)												
6. NATURE OF ACTIVITY [Tick Appropriat	te Box	(s)]																
(I) MANUFACTURE																		
(ii) SERVICE																		
7. NATURE OF OPERATION (Perennial-1,	معدم	nal-3) Ca	בוופ	I-3\												-	
7. WHOLE OF OF ENAMEN (FEIGHMAFE)	Jeaso	iiui z	-, Cu	Juu	, 5,													
8. WHETHER THE UNIT WILL BE AN ANC	ILLARY	′ (Yes	s-1, ľ	Vo-2	2)													
									DD			ΜN	1	,	ΥΥ	ΥΥ		
9. MONTH OF INSTALLATION OF PLANT 8	& MA0	CHIN	ERY															
40. WHETHER THE HANT IS DESIGNED.	LINDE	D [A	CTO	D)/ A	CT												Г	
 WHETHER THE UNIT IS REGISTERED (Under Section 2m(i)/2m(ii)-1, 85)I) 						d –:	3)										L	
11. TYPE OF ORGANIZATION											ſ							
(PROPRIETARY-1, HUF-2, PARTNERS)										L								
PVT. LTD. COMPANY-5, PUBLIC LIMIT					-	,												
SELF-HELF GROUP-7, OTHERS-8)																		

12. (a) MAIN MANUFACTURING / SERVICE	CE A	CTI	VIT۱	1													
NAME																	
CODE (NIC 98*)																	
(b) PRODUCTS TO BE MANUFACTUR	ED/	SER	VIC	E TO	O BE	PR	OVI	DEI	Э.								
(I) NAME																	
CODE (ASICC2000*)																	
(ii) NAME																	
CODE (ASICC2000*)																	
(iii) NAME																	
CODE (ASICC2000*)																	
(iv) NAME																	
CODE (ASICC2000*)																	
(v) NAME																	
CODE (ASICC2000*)																	
Industries Centre or the office where the (ADD ADDITIONAL SHEET FOR MORE PRO 13. (a) INVESTMENT IN FIXED ASSETS [R	DU upe	CTS ees I) akh]								34.5					
(I) LAND (OWNED-01/RENTED-0	02/	LEA			•										\Box		
				LUI											\square		
(ii) BUILDING (OWNED-01 / REN	TEC)-02				03)										- 1	_
(111) 21 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				LUI													
(iii) PLANT & MACHINERY			VA	LUI	Ŀ*												
(In case of manufacturing Un	iit)				- 4									ľ		I	
(iv) EQUIPMENT			VA	LUI	E™									l			
(In case of service Unit)			١/٨		г*									ļ			
(v) FOREIGN EQUITY, IF ANY	c			LUI		_ :			1	:- 0	- 1	3 I-	1.1. :4	 			
[* The value in the boxes should be filled from right side e.g. if the value is Rs.10 lakh it should be written as. 1 0 This will also apply to all other items(rows) where quantity, number, etc., to be given]																	
14. INSTALLED CAPACITY PER ANNUM							(QTY				UN	IT				

15.	PO	WER L	OAD	H.P / K.	W.											\perp		
16.	(a)	(1) (OTHER SOL	JRCE OF	ENERGY	/ / POW	/FR [IF	F REOI	UIRED]							\top		
	()	(NO I	POWER NE	EDED-1	, COAL-2	, OIL-3,	, LPG-	4, ELE	CTRICI	TY FRO							M	
		(ii) If	f no power	r require	ed, specif	fy reasc	ons;											
(b)	IND	ICATE	ANNUAL F	REQUIR	EMENT													
	SOL	JRCE (OF ENERGY	Υ									QT	Υ			UN	IIT
				•••••	,													
17.	EM	PLOYN	ИENT														(No	os.)
	(I) N	MANA	GEMENT 8	& OFFICI	E STAFF													
	(ii) S	SUPER	RVISORY															
	(iii)	WOR	KERS															
18.	ТОТ	TAL AN	INUAL TUF	RNOVER	(in ₹)													
	(If I	ess th	an one yea	ar of ope	eration, t	then ex	pecte	d turn	nover)						<u>I</u>			
19.	EXP(ORT (i	f any) (in ₹	(*)														
20.			ENEURS' P F NEEDED)		(OF ALL I	PARTNE	ERS / [DIREC	TORS C	F THE	ORGA	NISA	TION-	-USE	SEP	'ARA	ATE	
	(a)	NAM	E															
		(I) N	MALE (M) /	/ FEMAL	E (F)													
		(ii) S	SC (1) / ST ((2) / OB	C (3) / O1	THERS ((4) PH	IYSICA	LLY CH	ALLENG	GED (5	5)						
		. ,	(NOWLEDO			MANAG	GEMEN	NT GR	ADUAT	E-2. P(OST GF	RADL	JATE-3	3.				
		_	OTHER GRA											- ,				
		(iv) E	QUITY PAF	RTICIPAT	TON (in ₹	₹)												
		(in % of tota	al equit	y)													
		(v) S	TAKE IN O	THER M	ANUFAC	TURING	G ENT	ERPRI	SES									
		(Yes-1, No-2	2)														
		[.	ADD ADDI	TIONAL	SHEET, IF	F NEEDI	ED]											

21	ΠΔΤ	TE OF COMMENCEMENT OF PRODUCTION / ACTIVITY	DD	MM	YYYY			
21.	ואס	TE OF COMMENCEMENT OF PRODUCTION, ACTIVITY						
	DAT	TE:						
	PLA	ACE:						
		[SIGNATURE OF THE APPLICANT	/AUTHOR	ISED PERS	.ONI			
	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.								
		Undertaking						
true / pe	e and ermi	to certify that the information furnished in the Memorandum in Food correct to the best of my knowledge and belief. I/we have obtaint from the concerned Ministry/Department of Central Governments of the concerned Ministry requirements.	ned appro	oval / cons	ent / license			
DAT	ΓE:							
PLA	CE:							
		[SIGNATURE OF THE APPLICANT	/ AUTHOF	RISED PER	SON]			

Form No.	
FOITH NO.	

ACKNOWLEDGEMENT

"PART-II"

M/S	HAS FILED MEMORANDUM FOR A
(MANUFACTURING/SERVICE) ENTERPRISE AT THE ADDRES	S
PIN	FOR THE ITEM/ITEMS INDICATED
BELOW AND THE ACTIVITY HAS COMMENCED FROM THE	(DATE) AS STATED IN
FORM NO AND ALLOCATED ENTREPRENE	URS' MEMORANDUM NO. AS BELOW:
DETAILS OF ITEM/ITMES TO BE MANUFACTURED/SERVICE	TO BE PROVIDED.
Sl. No. Items of Manufacture/type of service to be rende	ered Capacity in case of manufacture
1	
2	
3	
4	
5	
6	
(ADD ADDITIONAL SHEET IF REQUIRED)	
NOTE: THE ISSUE OF THIS ACKNOWLEDGEMENT DOES NO	T RESTOW ANY LEGAL RIGHT THE ENTERPRISE
IS REQUIRED TO SEEK REQUISITE CLEARANCE/LICENCE/ PE	
OBLIGATION STIPULATED UNDER THE LAWS OF CENTRAL O	·
ADMINISTRATIONS/COURT ORDERS'.;	
	DD MM YYYY
DATE OF ISSUE	
NATURE OF ACTIVITY	
(MANUFACTURING-1, SERVICE-2)	
CATEGORY OF ENTERPRISE	
(MICRO-1, SMALL –2, MEDIUM – 3)	
ENTREPRENEURS MEMORANDUM NUMBER	PART-II
(First two boxes are for State/UT code, next three boxes are	re for District code, sixth and seventh boxes
are for category of enterprise (sixth box for indicting manu	ufacturing or service and seventh box for
indicating micro or small or medium) and last five boxes a	re for EM number)
DATE:	
PLACE:	

SIGNATURE
WITH OFFICE SEAL