



**BSMART**<sup>TM</sup>

Private Limited  
Complete Enterprise Solutions

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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 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 & 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.

Form No. \_\_\_\_\_

### For Office Use Only

DATE OF ISSUE

DD

MM

YYYY

NATURE OF ACTIVITY

(MANUFACTURING-1, SERVICE-2)

CATEGORY OF ENTERPRISE

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



3. NAME OF PROPOSED ENTERPRISE   
(if decided)

4. PROPOSED LOCATION OF ENTERPRISE

(I) VILLAGE / TOWN

CODE

(ii) TEHSIL / TALUK / MANDAL

CODE

(iii) DISTRICT

(iv) STATE   
CODE

(v) PIN CODE

(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 WILL BE AN ANCILLARY (Yes-1, No-2)

9. PROPOSED SCHEDULE OF INSTALLATION OF PLANT & MACHINERY DD MM YYYY

10. TYPE OF ORGANIZATION   
(PROPRIETARY-1, HUF-2, PARTNERSHIP-3, CO-OPERATIVE-4,  
PVT. LTD. COMPANY-5, PUBLIC LIMITED COMPANY-6,  
SELF-HELP GROUP-7, OTHERS-8)

11. (a) MAIN MANUFACTURING / SERVICE ACTIVITY

NAME

CODE (NIC 98\*)

(b) PRODUCTS TO BE MANUFACTURED/SERVICE TO BE PROVIDED.

(i) NAME	<input type="text"/>
CODE (ASICC2000*)	<input type="text"/>
(ii) NAME	<input type="text"/>
CODE (ASICC2000*)	<input type="text"/>
(iii) NAME	<input type="text"/>
CODE (ASICC2000*)	<input type="text"/>
(iv) NAME	<input type="text"/>
CODE (ASICC2000*)	<input type="text"/>
(v) NAME	<input type="text"/>
CODE (ASICC2000*)	<input type="text"/>

(\*) Codes for activities and products / services as per classification specified from time to time by the office of the Development Commissioner (Small Scale Industries), to be filled in by District Industries Centre or the office where the Entrepreneurs' Memorandum is to be submitted.  
(ADD ADDITIONAL SHEET FOR MORE PRODUCTS)

12. (a) PROPOSED INVESTMENT IN FIXED ASSETS [Rupees lakh]

(i) LAND (OWNED-01/RENTED-02/ LEASED-03)		<input type="text"/>
APPROXIMATE VALUE*		<input type="text"/>
(ii) BUILDING (OWNED-01 / RENTED-02 / LEASED-03)		<input type="text"/>
APPROXIMATE VALUE*		<input type="text"/>
(iii) PLANT & MACHINERY	VALUE*	<input type="text"/>
(In case of manufacturing enterprise)		
(iv) EQUIPMENT	VALUE*	<input type="text"/>
(In case of service enterprise)		
(v) FOREIGN EQUITY, IF ANY	VALUE*	<input type="text"/>

[ \* 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]

13. INSTALLED CAPACITY (proposed) PER ANNUM

	QTY	UNIT
<input type="text"/>	<input type="text"/>	<input type="text"/>

14. POWER LOAD (ANTICIPATED) H.P / K.W.

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

(NO POWER NEEDED-1, COAL-2, OIL-3, LPG-4, ELECTRICITY FROM GRID-5, ELECTRICITY FROM GENERATOR-6, NON-CONVENTIONAL ENERGY-7, TRADITIONAL ENERGY / FIREWOOD-8)

(ii) If no power required, specify reasons;

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(b) INDICATE ANNUAL REQUIREMENT

SOURCE OF ENERGY

.....  
.....  
.....

QTY

UNIT

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

16. EXPECTED EMPLOYMENT

(Nos.)

(I) MANAGEMENT & OFFICE STAFF

<input type="text"/>	<input type="text"/>	<input type="text"/>
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(ii) SUPERVISORY

<input type="text"/>	<input type="text"/>	<input type="text"/>
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(iii) WORKERS

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

(a) NAME

(I) MALE (M) / FEMALE (F)

<input type="text"/>
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(ii) SC (1) / ST (2) / OBC (3) / OTHERS (4) PHYSICALLY CHALLENGED (5)

<input type="text"/>
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(iii) KNOWLEDGE LEVEL

<input type="text"/>
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[TECHNICAL GRADUATE-1, MANAGEMENT GRADUATE-2, POST GRADUATE-3,  
OTHER GRADUATE-4, UNDERGRADUATE-5, ANY OTHER LOWER-6]

(iv) EQUITY PARTICIPATION (in Rupee.)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(Percentage of total equity)

<input type="text"/>	<input type="text"/>
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(v) STAKE IN OTHER MANUFACTURING ENTERPRISES

<input type="text"/>
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(Yes-1, No-2)

[ADD ADDITIONAL SHEET, IF NEEDED]

18. EXPECTED SCHEDULE OF COMMENCEMENT OF PRODUCTION / ACTIVITY

DATE:

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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/notarized copy of the Partnership Deed/Memorandum of Association / Articles of Association in case of Medium Enterprises.

**Undertaking**

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]

Form No. \_\_\_\_\_

**ACKNOWLEDGEMENT**

**“ PART-I”**

M/S. .... HAS FILED MEMORANDUM EXPRESSING ITS INTENT TO SET UP A ..... (MANUFACTURING/SERVICE) ENTERPRISE AT THE ADDRESS ..... PIN ..... FOR THE ITEM/ITEMS INDICATED BELOW AND THE ACTIVITY IS PROPOSED TO COMMENCE FROM THE (DATE) ..... AS STATED IN FORM NO ..... AND ALLOCATED ENTREPRENEURS’ 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 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 CLEARANCE/LICENCE/ PERMIT REQUIRED UNDER STATUTORY OBLIGATION STIPULATED UNDER THE LAWS OF CENTRAL GOVERNMENT/STATE GOVERNMENT/UT ADMINISTRATIONS/COURT ORDERS';

DATE OF ISSUE DD MM YYYY

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 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 EM number)

DATE:

PLACE:

SIGNATURE  
WITH OFFICE SEAL





(v) WEB-SITE

3. NAME OF ENTERPRISE (if decided)

4. LOCATION OF ENTERPRISE

(I) VILLAGE / TOWN

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, SMALL-2, MEDIUM-3)

6. NATURE OF ACTIVITY [Tick Appropriate Box(s)]

(I) MANUFACTURE

(ii) SERVICE

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

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

9. MONTH OF INSTALLATION OF PLANT & MACHINERY

DD  MM  YYYY

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, HUF-2, PARTNERSHIP-3, CO-OPERATIVE-4,  
PVT. LTD. COMPANY-5, PUBLIC LIMITED COMPANY-6,  
SELF-HELP GROUP-7, OTHERS-8)

12. (a) MAIN MANUFACTURING / SERVICE ACTIVITY

NAME	<input type="text"/>
CODE (NIC 98*)	<input type="text"/>

(b) PRODUCTS TO BE MANUFACTURED/SERVICE TO BE PROVIDED.

(i) NAME	<input type="text"/>
CODE (ASICC2000*)	<input type="text"/>
(ii) NAME	<input type="text"/>
CODE (ASICC2000*)	<input type="text"/>
(iii) NAME	<input type="text"/>
CODE (ASICC2000*)	<input type="text"/>
(iv) NAME	<input type="text"/>
CODE (ASICC2000*)	<input type="text"/>
(v) NAME	<input type="text"/>
CODE (ASICC2000*)	<input type="text"/>

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

(ADD ADDITIONAL SHEET FOR MORE PRODUCTS)

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

(i) LAND (OWNED-01/RENTED-02/ LEASED-03)		<input type="text"/>
VALUE*		<input type="text"/>
(ii) BUILDING (OWNED-01 / RENTED-02 / LEASED-03)		<input type="text"/>
VALUE*		<input type="text"/>
(iii) PLANT & MACHINERY	VALUE*	<input type="text"/>
(In case of manufacturing Unit)		
(iv) EQUIPMENT	VALUE*	<input type="text"/>
(In case of service Unit)		
(v) FOREIGN EQUITY, IF ANY	VALUE*	<input type="text"/>

[ \* 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	UNIT
<input type="text"/>	<input type="text"/>	<input type="text"/>

15. POWER LOAD      H.P / K.W.

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

(NO POWER NEEDED-1, COAL-2, OIL-3, LPG-4, ELECTRICITY FROM GRID-5, ELECTRICITY FROM GENERATOR-6, NON-CONVENTIONAL ENERGY-7, TRADITIONAL ENERGY / FIREWOOD-8)

(ii) If no power required, specify reasons;

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(b) INDICATE ANNUAL REQUIREMENT

SOURCE OF ENERGY	QTY	UNIT
.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

17. EMPLOYMENT (Nos.)

(I) MANAGEMENT & OFFICE STAFF

(ii) SUPERVISORY

(iii) WORKERS

18. TOTAL ANNUAL TURNOVER (in ₹)

(If less than one year of operation, then expected turnover)

19. EXPORT (if any) (in ₹)

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 ₹)

(in % of total equity)

(v) STAKE IN OTHER MANUFACTURING ENTERPRISES

(Yes-1, No-2)

[ADD ADDITIONAL SHEET, IF NEEDED]

21. DATE OF COMMENCEMENT OF PRODUCTION / ACTIVITY

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE:

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/notarized copy of the Partnership Deed/Memorandum of Association / Articles of Association in case of Medium Enterprises.

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**Undertaking**

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. 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 AT THE ADDRESS .....  
 ..... PIN ..... FOR THE ITEM/ITEMS INDICATED  
 BELOW AND THE ACTIVITY HAS COMMENCED FROM THE (DATE) ..... AS STATED IN  
 FORM NO ..... AND ALLOCATED ENTREPRENEURS’ 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 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 CLEARANCE/LICENCE/ PERMIT REQUIRED UNDER STATUTORY OBLIGATION STIPULATED UNDER THE LAWS OF CENTRAL GOVERNMENT/STATE GOVERNMENT/UT ADMINISTRATIONS/COURT ORDERS’;

DATE OF ISSUE DD MM YYYY

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 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 EM number)

DATE:

PLACE:

SIGNATURE  
 WITH OFFICE SEAL