

**ANNEXURE: XIV**

(G.O. Ms. No. 108 , Ind. &amp; Com. (P&amp;I) Dept., Dt:14.11.2015)

**APPLICATION CUM VERIFICATION FORM FOR CLAIMING REIMBURSEMENT OF  
TRANSPORT SUBSIDY UNDER TEXTILE AND APPAREL POLICY/DEFENCE AND  
AEROSPACE POLICY – 2015-2020 OF ANDHRA PRADESH****1.0. Details of Enterprise/Industry:**

1.1. Name of the Enterprise:


1.2 Name of the Proprietor/Managing Partner / Managing Director:


**2.0. Address of the Enterprise:**

2.1 Office:


2.2 Factory location:


**3.0. Status:**

3.1 Category: (Pl. ✓ mark)

Micro Enterprise  Small Enterprise  Medium Enterprise  Large Industry  Mega Project 

3.2. Constitution of the Organisation (Pl. ✓ mark)

Proprietary  Partnership  Pvt. Ltd.  Limited  Coop. 

3.3. Line of activity:

3.4 Date of Commencement of Production:

--	--	--	--	--	--	--	--	--	--

(Date of Commencement of Production is the date of First Sale Bill/Invoice)

3.5 UAM/EM Part - II/IEM/IL No:


Date:

4. Status of the Industry: (Pl. ✓ mark)  
 New  Expansion  Diversification

5. Employment details: ( Direct employment on rolls)

S.No	Category	No. of Employees
1	Administrative & Executive	
2	Skilled Persons	
3	Semi Skilled	
4	Unskilled	

\* Note: The employment on rolls should be more than 1000 and the location should be in Rayalaseema Districts, North Coastal Andhra.

6. Details of transport cost of Defence and Aero space products from designated logistic park/port/FTWZ to the manufacturing facility in Andhra Pradesh along with Bills and receipts.  
 7. Details of materials, components and equipment used for a project whose contract value greater than Rs. 50 crore  
 8. Copies of orders executed by Ministry of Defence or Ministry of Home Affairs or its foreign equivalents by an anchor unit.

#### DECLARATION

I am authorized to file this application and I will take full responsibility of the information mentioned. I / We hereby confirm that to the best of our knowledge and belief, information given herein before and other papers enclosed are true and correct in all respects. We further undertake to substantiate the particulars about promoter(s) and other details with documentary evidence as and when called for. I/We hereby agree that I/We shall forthwith repay the amount released to me/us under scheme, if the transport cost found to be disbursed in excess of the amount actually admissible whatsoever the reason.

Place :  
Date :

Signature of Authorised Person  
with Name, Designation & Firm / Office  
Seal.

#### Remarks of the General Manager:

The applicant Enterprise/Industry is eligible for above incentives and the claim is in order. The computation of capital cost has been done as per the provisions under the scheme. I recommend for sanction of above incentives.

Signature of General Manager with Office Seal.

**Note:** This application form, if photo copied must be exactly as per original & it must be both sides of the page.

**S.S.RAWAT**  
**SECRETARY TO GOVERNMENT & CIP**