

ANNEXURE: VI

(G.O. Ms. No.108 , Ind. & Com. (P&I) Dept., Dt: 14 .11.2015)

**APPLICATION CUM VERIFICATION FORM FOR CLAIMING REIMBURSEMENT OF
COMMERCIAL TAX UNDER INDUSTRIAL DEVELOPMENT POLICY/SECTORAL/MSME
POLICY – 2015-2020 OF ANDHRA PRADESH****1.0. Details of Industry:**

1.1. Name of the Enterprise:

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

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1.3 TIN No. of the Enterprise/Industry/ Proprietor / Managing Partner / Managing Director:

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1.4 PAN No. of the Proprietor / Managing Partner / Managing Director:

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2.0. Address of the Enterprise:

2.1 Office:

| | | | | | | | | | | | | | | | | | | | | |
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2.2 Factory location:

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3.0.Status:

3.1 Category : (Pl. ✓ mark)

Micro Enterprise Small Enterprise Medium Enterprise Large Industry

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

Proprietary Partnership Pvt. Ltd. Limited Coop.

3.3. Status of the Industry: (Pl. ✓ mark)

New Industry Expansion Diversification

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:

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Date:

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4. Employment:

| Male (Nos.) | | |
|-------------|--|--|
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| | | |
| | | |

| Female (Nos.) | | |
|---------------|--|--|
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| | | |
| | | |

a) Management & Staff
b) Supervisory
c) Workers

5. Fixed Capital Investment(in Rs.)

| Nature of Assets | New /Existing Enterprise | Expansion/ Diversification Project | % of increase under Expansion/ Diversification Project |
|-------------------|--------------------------|------------------------------------|--|
| (1) | (2) | (3) | (4) |
| Land | | | |
| Building | | | |
| Plant & Machinery | | | |
| Total | | | |

(If it is a new enterprise/industry, then column (3) and (4) need not be filled and it may be strike off)

6. Line of Activity.

| | Line of activity | Units i.e. Nos. / Tons/ Ltrs. | Capacity | Values in Rs. |
|--|------------------|-------------------------------|----------|---------------|
| New /Existing Enterprise | | | | |
| Expansion/ Diversification Project | | | | |
| % of increase under Expansion/ Diversification Project | | | | |

Note: In respect of Expansion/Diversification projects, Enterprises involving at least 25% enhancement on fixed capital investment and Capacity are eligible for claiming incentives

| | | | | |
|---|--|------|-------------|------------------|
| 7 | Sales Tax Regn. No & Date APGST CST | | | |
| 8 | Installed capacity of the existing Enterprise as certified by the financial institution/ chartered accountant | | | |
| 9 | Production details preceding three years before expansion/ diversification project as certified by the financial institution/ chartered accountant | Year | Enterprises | Total production |
| | | 1 | | |
| | | 2 | | |
| | | 3 | | |

| | | | |
|----|--|---------------------------------|-----|
| 10 | Sales Tax reimbursement already availed by Enterprise from the Date of Commencement of Production. | 1 st year (20 – 20) | Rs. |
| | | 2 nd year (20 – 20) | Rs. |
| | | 3 rd year (20 – 20) | Rs. |
| | | 4 th year (20 – 20) | Rs. |
| | | Total | Rs. |
| 11 | Claim application submitted by the Enterprise/Industry for the Year: | | |
| 12 | Tax paid by the Enterprise during the year as certified by Commercial Tax Department | Rs. | |
| 13 | 25% Reimbursement amount claimed by the Enterprise | Rs. | |

DECLARATION

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 amount of Reimbursement of tax are found to be disbursed in excess of the amount actually admissible whatsoever the reason.

Station :

Signature of Authorised Person

Date :

with Firm /Office Seal.

- The following documents are to be furnished:
 - a) Certificate from concerned CTO as prescribed at Form – A.
 - b) Production Particulars for the last –3- years and Column No. 5 & 6 of the application duly certified by Chartered Accountant for the first time of the claim, if it is Expansion/Diversification Project.
 - c) Valid Consent for Operation (CFO) from APPCB/Acknowledgement from General Manager, District Industries Centre concerned on pollution angle.
 - d) All the required document as per Check-Slip at PART – C, for the first time of the claim.

14. RECOMMENDATION OF THE INSPECTING OFFICER:

(not to be filled by the Enterprise/Industry, to be filled by inspecting Officer)

a. Amount claimed in Rs. :

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|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|

b. Amount recommended in Rs. :

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|--|--|--|--|--|--|--|

The claim application of the captioned Enterprise/Industry is verified as per the operational guidelines. The Enterprise/Industry is eligible for availing incentives under IDP/MSME/Sectoral Policy 2015-20. The Enterprise/Industry did not add or remove any Plant & Machinery and there is no change of line of activity and capacity. Further, the Enterprise/Industry is in continuous operation, there is no break-in-production (if so the details of the break-in-production) and I recommend the above incentives to the captioned Enterprise/Industry.

Signature of Inspecting Officer with Name & Designation.