

**Application format for Registration as a Sick Unit and for availing
Relief and concessions under Scheme known as
"M.P. Small Scale Industries Revival Scheme 2014"**

(To be submitted in 3 copies)

1. Name of the unit _____
Address of the Unit _____
Address for correspondence _____

Chief Executive

Name _____
Address _____

Phone No. (O) _____ (R) _____

E-mail _____

2. (i) Date of establishment _____
(Relevant certified copies to
be enclosed)

(ii) Date of Commencement of _____
Commercial production

3. Entrepreneurs Memorandum No., _____
date (Under MSMED Act 2006) _____
and issuing Authority _____
(Relevant certified copies to
be enclosed)

4. Application Fee of ₹1000.00 (Rupees One thousand only), receipt should be
attached : MPTC/Treasury Challan No. _____, Date _____

5.1 (i) Product manufactured and its annual capacity (Please mention No. of shifts)

Name of the product : _____

Capacity per annum : _____

5.2 Performance of the unit for last three years (as certified by CA/Auditor)

(Year) (Year) (Year)
(_____) (_____) (_____)

(i) Production :
(During last 3 years)

Quantity : _____

Value : _____

(ii) Sales :
(During last 3 years)

Quantity : _____

Value : _____

(iii) Gross Profit/Loss _____

(iv) Net Profit/Loss _____
(after deduction and taxation)

(v) Accumulated loss _____

6.1.1 Balance Sheet (As approved by the Chartered Accountant /Statutory Authority)

Sources of Funds

Paid up capital _____

Reserve and Surplus _____

Term Loan _____

Deposits _____

Any other loan/
unsecured loan _____

Total _____

6.1.2 Less

Liabilities _____

Provisions _____

Net current assets _____

Investment if any _____

Loss _____

Total _____

6.2 Net worth

(Year) (Year) (Year)
(_____) (_____) (_____)

Paid up capital _____

Reserve and Surplus _____ excluding revaluation

Total _____

7. Whether any legal actions are initiated _____
by any creditor

If yes, please give details _____

8. Investments, if any please provide details :

In companies _____

Fixed Deposits _____

In others _____

9. Statutory Liabilities :

(a) Commercial Tax _____

(b) Electricity Duty _____

(c) Excise Duty as on _____

(d) Provident fund as on _____

(e) ESI _____

(f) Any other liability _____
(Please specify)

10. (a) If unit is in production please give _____
month-wise production and power
consumption of last one year and
copy of last power bill

(b) Whether the unit holder is willing _____
to pay the cost of study report to
the Appraisal agency

(c) Promoters share towards revival _____
purpose should be indicated

11. (a) If unit is closed, please give the date of closure and reason to close down the unit _____

- (b) Whether power connection is disconnected _____
- (c) Whether labour/workers are retrenched, if not _____
- (d) How the unit can be revived
Arrangement for requirement of funds to restart the production _____

- (e) Is it proposed to include new promoters to revive the unit, if yes, on what conditions _____

- (f) Arrangement for marketing of the product _____

12. Assistance/ relief proposed from banks/financial institutions/Govt. Departments

<u>S. No.</u>	<u>Name of Bank/Financial institution/ Govt. Department</u>	<u>Assistance/ relief proposed</u>
1.	Bank/MPFC (Financial institutions)	_____
2.	Commercial Tax Department	_____
3.	M.P. Electricity Distribution Company	_____
4.	Any Other	_____

13. Details of proposed Expansion/Diversification/Modernization as part of the revival

- (i) Whether it is for Expansion/
Diversification/Modernization _____
- (ii) Name of item _____
- (iii) Project cost _____
- (iv) Means of Finances _____

- (v) Registration of items, if any _____
- (vi) Manufacturing process _____
- (vii) Detailed list of proposed machinery with value _____
- (viii) Proposed increase in production and profitability _____

NOTE :-

Application should be accompanied by the audited accounts for the preceding two years. The auditors remarks accompanying the accounts have to be fully dealt and complied with. Application should be accompanied by a proposed rehabilitation scheme that envisages full repayment of loans and interest to the banks/financial institutions as well as dues of the State Govt./ Commercial Tax for which, separate sheet should be attached.

Date :

**Signature of the Authorized Person
(Seal)**

DECLARATION

I, _____ do solemnly hereby declare that to the best of my knowledge and belief, what is stated above is correct, complete and is truly stated by me.

Place :

Signature of the Authorized Person

Date :

(Seal)

Authorized Signatory :

Name of the person making Declaration _____

Position held _____

Name of the unit _____

Office Address _____

(TO be certified by CA/Auditor/BM)

Note : Filled in application should be submitted to concerning District Trade & Industries Centre of Madhya Pradesh.