

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 AND 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 MONTHS 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 filled at DIC under whose jurisdiction the enterprise is proposed to be located.

Form No. -----

FOR OFFICE USE ONLY

DATE OF ISSUE

NATURE OF ACTIVITY

(MANUFACTURING-1, SERVICE-2)

CATEGORY OF ENTERPRISE

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

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ENTREPRENEURS MEMORANDUM NUMBER

<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"/>
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(First two boxes are for State/Union Territory 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 Entrepreneurs' Memorandum number)

## PART I

(To be filled expressing the intent)

1. NAME OF APPLICANT

[illegible]

2.

(a) ADDRESS OF COMMUNICATION

[illegible]

- (i) TELEPHONE NUMBER

[illegible]

- (ii) FAX NUMBER

[illegible]

- (iii) CELL PHONE NUMBER

[illegible]

- (iv) E-MAIL

[illegible]

- (v) WEB-SITE

[illegible]

(b) PERMANENT RESIDENTIAL ADDRESS (MAIN APPLICANT)

[illegible]

- (i) TELEPHONE NUMBER

[illegible]

- (ii) FAX NUMBER

[illegible]

- (iii) CELL PHONE NUMBER

[illegible]

- (iv) E-MAIL

[illegible]

- (v) WEB-SITE

[illegible]

3. NAME OF PROPOSED ENTERPRISE (if decided)


4. PROPOSED LOCATION OF ENTERPRISE

(I) VILLAGE/TOWN


CODE

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(II) TEHSIL/TALUK/  
MANDAL


CODE

--	--	--	--	--

(III) DISTRICT

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CODE

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(IV) STATE

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

CODE

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(V) PIN CODE

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(VI) AREA; (RURAL-1, URBAN-2)

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5. CATEGORY OF ENTERPRISE

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

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

(i) MANUFACTURE

--

(ii) SERVICE

--

7. NATURE OF OPERATION

(Perennial-1, seasonal-2, casual-3)

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8. WHETHER THE UNIT WILL BE AN ANCILLARY

(Yes-1, No-2)

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9. PROPOSED SCHEDULE OF INSTALLATION  
OF PLANT & MACHINERY

M	M	Y	Y	Y	Y

# 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, OTHER-8)

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## 11. (a) MAIN MANUFACTURING/SERVICE ACTIVITY

NAME																			
CODE (NIC 98*)																			

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

(i) NAME																			
CODE (ASISCC2000*)																			
(ii) NAME																			
CODE (ASISCC2000*)																			
(iii) NAME																			
CODE (ASISCC2000*)																			
(iv) NAME																			
CODE (ASISCC2000*)																			
(v) NAME																			
CODE (ASISCC2000*)																			

(\*) 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)		
	APPROXIMATE VALUE		
(ii)	BUILDING (OWNED-01/RENTED-02/LEASED-03)		
	APPROXIMATE VALUE		
(iii)	PLANT & MACHINERY (in case of manufacturing enterprise)	VALUE*	
(iv)	EQUIPMENT (In case of service enterprise)	VALUE*	
(v)	FOREIGN EQUITY, IF ANY	VALUE*	

\* The value in the boxes should be filled from right side e.g. if value is Rs. 10 Lakh it should be written as 

		1	0
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 This will also apply to all other items (row) where quantity, number etc to be given.

13. INSTALLED CAPACITY (proposed) PER ANNUM

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

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

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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15. (a) (i) OTHER SOURCE OF ENERGY/POWER  
[IF REQUIRED]

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

(b) INDICATE ANNUAL REQUIREMENT  
SOURCE OF ENERGY

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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"/>

16. EXPECTED EMPLOYMENT

(NOs.)

(i) MANAGEMENT & OFFICE STAFF

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

(ii) SUPERVISORY

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

(iii) WORKERS

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

17. ENTREPRENEURS PROFILE (OF ALL PARTNERS/DIRECTORS OF THE ORGANIZATION USE SEPARATE SHEETS, IF NEEDED)

(a) NAME

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

(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 Rs.)

<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  
(Yes-1, No-2)  
(ADD ADDITIONAL SHEET, IF NEEDED)

☐

18. EXPECTED SCHEDULE OF COMMENCEMENT OF PRODUCTION /ACTIVITY

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

DATE:  
PLACE:

(SIGNATURE OF THE APPLICANT /AUTHORIZED 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 Authorized 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.

DATE:  
PLACE:

(SIGNATURE OF THE APPLICANT /AUTHORIZED PERSON)

**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:

DETAIL OF ITEM/ITEMS TO BE MANUFACTURED / SERVICE TO BE PROVIDED

Sl. No.	Item 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 ADMINISTRATION/ COURT ORDERS.

DATE OF ISSUE

D	D	M	M	Y	Y	Y	Y

NATURE OF ACTIVITY  
(MANUFACTURING-1 SERVICES-2)

☐

CATEGORY OF ENTERPRISE  
(MICRO-1, SMALL-2, MEDIUM-3)

☐

ENTREPRENEURS MEMORANDUM NUMBER

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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

## 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. EM NUMBER (Part I)

[illegible]

## II. DATE OF ISSUE

D	D	M	M	Y	Y	Y	Y

### III. MONTH OF COMMENCEMENT OF PRODUCTION/ ACTIVITY

M	M	Y	Y	Y	Y

1. NAME OF APPLICANT

[illegible]

## 2. (a) ADDRESS OF COMMUNICATION

[illegible]

(i) TELEPHONE NUMBER

[illegible]

(ii) FAX NUMBER

[illegible]

(iii) CELL PHONE NUMBER

[illegible]

(iv) E-MAIL

[illegible]

(v) WEB-SITE

[illegible]

(b) PERMANENT RESIDENTIAL ADDRESS (MAIN APPLICANT)

[illegible]

(i) TELEPHONE NUMBER

[illegible]

(ii) FAX NUMBER

[illegible]

(iii) CELL PHONE NUMBER

[illegible]



(iv) E-MAIL


(v) WEBSITE


3. NAME OF ENTERPRISE


4. LOCATION OF ENTERPRISE

(i) VILLAGE/TOWN


CODE

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(ii) TEHSIL/TALUK/  
MANDAL


CODE

--	--	--	--	--

(iii) DISTRICT

CODE


(iv) STATE

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CODE

--	--	--	--	--

(v) PIN CODE

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(vi) AREA; (RURAL-1, URBAN-2)

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5. CATEGORY OF ENTERPRISE

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

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

(i) MANUFACTURE

(ii) SERVICE

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7. NATURE OF OPERATION

(Perennial-1, Seasonal-2, Casual-3)

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8. WHETHER THE UNIT IS AN ANCILLARY

(Yes-1, No-2)

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9. MONTH OF INSTALLATION  
OF PLANT & MACHINERY

M	M	Y	Y	Y	Y

10. WHETHER THE UNIT IS REGISTERED UNDER FACTORY ACT

(Under section 2m (i)/2m(ii)-1, 85(i)/85(ii)-2, not registered-3)

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11. TYPE OF ORIGINATION

[PROPRIETARY – 1, HUF –2, PARTNERSHIP –3, CO-OPERATIVE-4,

PVT. LTD. COMPANY –5, PUBLIC LIMITED COMPANY-6, SELF HELP GROUP- 7, OTHERS –08]

☐

12. (a) MAIN MANUFACTURING/SERVICE ACTIVITY

NAME

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CODE (NIC 98\*)

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

(i) NAME

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CODE (ASICCC2000\*)

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(ii) NAME

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CODE(ASICCC2000\*)

--	--	--	--	--

(iii) NAME

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CODE (ASICCC2000\*)

--	--	--	--	--

(iv) NAME

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CODE (ASICCC2000\*)

--	--	--	--	--

(v) NAME

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CODE (ASICCC2000\*)

--	--	--	--	--

(\*)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 [In Rupees lakh]

(i) LAND (OWNED –01/RENTED –02/LEASED 03)

VALUE\*


(ii) BUILDING (OWNED–01/RENTED –02/LEASED 03)

VALUE\*


(iii) PLANT & MACHINERY

VALUE\*

(In case of manufacturing unit)

--	--

(iv) EQUIPMENTS

VALUE\*

(In case of servicing unit)

--	--

(v) FOREIGN EQUITY, IF ANY

VALUE\*

--	--

\* The value in the boxes should be filled from right side e.g. if 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		

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;

(b) INDICATE ANNUAL REQUIREMENT  
SOURCE OF ENERGY

-----

-----

-----

QTY				UNIT		

17. EMPLOYMENT

MALE (NOs) FEMALE(NOs)

(i) MANAGEMENT & OFFICE STAFF

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

(ii) SUPERVISORY

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

(iii) WORKERS

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

18. TOTAL ANNUAL TURNOVER (In Rs.)  
(If less than one year of operation, then  
expected turnover)

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19. EXPORT (If any) (Rs.)

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20. ENTREPRENEUR'S PROFILE (OF ALL PARTNERS/DIRECTORS OF THE  
ORGANIZATION – 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 Rs.)

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

(In % of total equity)

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(v) STAKE IN OTHER MANUFACTURING ENTERPRISES

(Yes –1, No –2,)

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(ADD ADDITIONAL SHEET IF NEEDED)

21. DATE OF COMMENCEMENT OF PRODUCTION / ACTIVITY

D D M M Y Y Y Y

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DATE:

PLACE:

SIGNATURE OF THE APPLICANT / AUTHORIZED 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 Authorized 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 /AUTHORIZED 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:

DETAIL OF ITEM/ITMES TO BE MANUFACTURED/SERVICE TO BE PROVIDED

Sl. No.	Item 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 ADMINISTRATION/ COURT ORDERS.

DATE OF ISSUE

D	D	M	M	Y	Y	Y	Y

NATURE OF ACTIVITY  
(MANUFACTURING-I SERVICES-2)

☐

CATEGORY OF ENTERPRISE  
(MICRO-1, SMALL-2, MEDIUM-3)

☐

ENTREPRENEURS MEMORANDUM NUMBER

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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 indicting manufacturing or service and seventh box for indicting micro or small or medium and last five boxes are for EM number).

DATE  
PLACE

SIGNATURE  
WITH OFFICE SEAL