# APPLICATION FORMAT FOR CLAIMING REIMBURSEMENT OF CERTIFICATION CHARGES OF ACQUIRING ISO-18000/22000/27000 CERTIFICATE UNDER THE MARKETING ASSISTANCE & TECHNOLOGY UPGRADATION SCHEME

Sl. No		
1.	(a) Name & address of the unit office &	
	factory location(s)	
	(b) Telephone No. : Factory & Office	
	(c) E-mail & Fax	
2	Details of E.M. No.	
-	Date of issue; Directorate of Industries/GM,	
	DIC of the State concerned (Enclose an attested copy of all pages of	
	E.M.No. Certificate to be enclosed)	
3	Whether SC/ST	
4	Whether Women Entrepreneurship	
5	Item(s) of manufacture/ processing as	
5	indicated in the E.M. Certificate	
6	Proof of MSME/SSI status and functional status of the unit as on the	
0		
	date of submission of Application. The following document(s) are to be submitted :	
	(i) A certificate (in original) from State MSME-DI/GM, DIC	
	confirming MSME and functional status of the unit at the	
	time of acquiring ISO 18000/22000/27000 Certificate; as on	
	the date as per the format at	
	Annexure-1A	
	OR	
	(ii) An Affidavit (in original) from	
	Managing Director /Director /Proprietor/Partner of the MSME unit	
	duly sworn before a Notary Public	
	confirming SSI status and functional	
	status of the unit at the time of	
	acquiring ISO-18000/22000/27000	
	Certificate; and as on date (as per	
	Format Annexure-1B) accompanied by	
	CA Certificate of the total investment in	
	plant & machinery as on date (original	
	purchase value) (as per Format	
	Annexure-1C)	
7	Details of ISO-18000/22000/27000	
	Certificate, Name & address of	
	Certification agency; The certificate	
	must have address of the site/location	
	certified; scope of certification,	
	Certificate No., Date of issue & period of	
	validity (or date of expiry), Name & logo	
	(Enclose an attested copy of the	
	Certificate	
8	Details of expenditure incurred in acquiring ISO-	
-	18000/22000/27000	
	Certificate. Furnish a CA certificate of	
	expenditure (in original) giving the	
	details (as per the format Annexure-1D)	

9	Details of reimbursement /grant	
	/subsidy certificate (excluding hotel &	
	travel expenses & surveillance charges).	
	Furnish a CA certificate of expenditure	
	(in original) giving the details (as per the	
	format Annexure-1E).	
10	Pre-receipt to be furnished as per the	
	Format at Annexure-1F.	

Declaration :

Ι	(Full Name), S/o
Managing Director/Director	or/Proprietor/Partner of M/s.
	(complete address) hereby declare that the
particulars given in the application are correct. In case an	
furnished in the application/documents later found to be v	wrong or incorrect or misleading, I do
hereby bind myself and my unit to pay to the Governmen	t on demand the full amount received
as reimbursement in respect of above mentioned activity,	within seven days of the demand being
made to be in writing.	

Name & Signature of Managing Director/ Director/Proprietor/Partner of SSI unit (full name)

Note :

The copy of SSI Registration, ISO Certification must be attested by any one of the following. (1) GM, DIC; or 2) Director, MSME-DI of the region; or 3) Chartered Accountant (with name of the signatory, CA Stamp and CA Membership No.)

## Annexure-1A

## **<u>CERTIFICATE</u>**

This is to certify that M/s		with their office of
& factory located at	dated	is a
MSME/SSI unit as per Govt. of India definition and	has been functional	& in production at the time of
acquiring ISO-18000/22000/27000 Certificate No		dated
And also continues to be functional and is in produc	tion as on date.	

Dated :

Director of Industries/GM, DIC Name & Rubber Seal

**AFFIDAVIT\*** 

Annexure – 1B

Ι		S/o
Managing		
Director/Director/Propr	ietor/Partner, *M/s	with
their		
Regd. Office at		with E.M.
No	dt	do hereby solemnly affirm and declare
as		
under :		
definition; and has been	n functional and in production	SME/SSI unit as per Govt. of India on at the time of acquiring ISO- dtd
(ii) The Company/Firm in production as on date		be a MSME/SSI unit; and functional and
(iii) As per books of acc	count, the total investment (o	original purchase value) in plant and
		onis
Rseffect is attached)	(Chartered Accountant Certi	tificate datedto this
Signed on this day of		dtd
VERIFICATION :		
I do solemnly affirm the belief.	at the contents of the Affiday	vit are true to the best of my knowledge and
		DEPONENT

Date :

Place :

Note :

\*On a stamp paper (of Rs.10/- min.) in Delhi/amount as applicable in the respective State duly sworn before a Notary Public (duly affixed with Notarial Stamp; and with Notary Seal and Notary Registration number) or First Class Magistrate.

Annexure –	1 <b>C</b>
1 MillioAur C	τv

Certificate from Chartered Accountant about investment in plant & machinery	
(on CA letter head)	

# To Whom It May Concern

Verrified from the Books of Accounts of M/s..... with their

Regd. Office at	and factory
located at	
	with
E.M.No	Of the company as on date* stands as
	)

Name & Signature of the Chartered Accountant With Stamp & Membership No.

Place :

Date : \*Date of application on 31st March of preceding financial year.

#### Annexure – 1D

Certificate from Chartered Accountant in respect of Proof of Expenditure incurred for acquiring ISO-18000/22000/27000 (on a CA letter head)

## To whom it may concern

The documents	s & records of M/s		with their Regd.	
Office	& factory	located	with	
E.M.No	dtd	in respect of ex	xpenditure incurred for acquiring ISO	)_
18000/22000/2	7000 Certificate (or its e	quivalent) have been	verified; and it is certified that the sai	id
company have	incurred to total expendi	ture of		
Rs	(Rupees	) tow	vards application fee; assessment/Aud	it
fee; Annual fee	/Licence fee; Training; C	Calibration; and		
technical consu	ltants etc. (excluding hot	tel & travel expenses.	s, surveillance charges) in obtaining	
ISO-18000/220	000/27000 Certificate fro	m the Certifying Age	ency, namely	
		, as per the follo	owing details of payments :	

Details of payments (Name of Certification Agency/Organisation) amount paid (in Rupees)

a) Application fee paid to
b) Assessment/Audit fee paid to
c) Annual fee/Licence fee paid to
d) Calibration charges paid to
e) Technical consultancy charges paid to
f) Training expenses paid to

Total	:	 											
Place	:												

(Signature of the Chartered Accountant with Name, CA Stamp & Membership Number)

Dated :

Payments at (a), (b) & (c) above should be supported by copies of receipts of payments made to

the certification agency duly attested. The payment receipts must indicate the purpose for which the payments have been made to the Certification Agency.

Note : Payments made to the Certification Agency directly shall only be eligible for consideration of reimbursement.

Annexure – 1E

To be submitted by the Applicant on a Non-judicial Stamp Paper of Rs.50/- (Min.) Delhi/Amount as applicable in the respective State duly sworn before a Notary Public (duly affixed with Notarial Stamp; and with Notary Seal and Notary Registration Number) or First Class Magistrate

### UNDERTAKING/DECLARATION

I	S/o	 Managing
	ietor/Partner, M/s	
	· · · · · · · · · · · · · · · · · · ·	e
	with E.M.No	do hereby
solemnly affirm and de		2

 (a)(i) That the aforesaid Company/Firm/Establishment(s) have not availed reimbursement/subsidy/grant/incentive for acquiring ISO-18000/22000/27000 Certification under any scheme operated by Central Govt. (including O/o DC(MSME), M/o MSME)/State Govt./Financial Institution etc.

### OR

### OR

- (ii) That the aforesaid Company/Firm/Establishment(s) have not applied to any Central Govt./State Govt./Financial Institution (except O/o DC(MSME), M/o MSME) for reimbursement/subsidy/grant/incentive for acquiring ISO-18000/22000/27000 Certification.
- (c) That after availing reimbursement for ISO-18000/22000/27000 Certification from O/o DC(MSME), M/o MSME, in respect of the said Company/Firm/Establishment(s), I shall disclose this fact on behalf of the said Company/Firm/Establishment(s) at the time of claiming/receiving reimbursement/subsidy/grant/incentive, if any, under any other similar scheme run by Central Govt./State Govt./Financial Institutions etc.

(d)	I hereby solemnly affirm that the information giv declaration is found wrong or incorrect of mislea and undertake to pay to the Government on dema reimbursement in respect of above mentioned act being made to me in writing.	ling, I do hereby bind myself and my unit nd the full amount received as
In the presence of :		
<ul><li>(Full Name &amp; Addresses of the two witnesses also to be indicated along with signature).</li><li>1.</li><li>2.</li></ul>		
Note : The factual status as on date under the respective paras at (a), (b) & (c) above must be clearly indicated.		
		Annexure – 1F
Name of the Industry		
Addre	ress	
Phone Number		
PRE-RECEIPT (In Triplicate)		
Received a sum of Rs(Rupess) From the Development Commissioner (Micro, Small & Medium Enterprises) towards the Reimbursement of expenses incurred for obtaining International Quality Certification ISO- 18000/22000/27000.		
	Signature o	Rubber Stamp of the Unit
Signature of the Authorized Person (on Revenue Stamp)		
D 1	(B) FOR OFFICE US	DE ONLY
	ed for the payment for RsRupees	
Vide S	Sanction No	dated
		Director MSME-DI
	(Place)	
Note : Please read the instructions while preparing this Annexure-1F i.e. Pre-Receipt.		
INSTR	RUCTIONS	

Note : Please follow the following instructions while preparing this Annexure-VI given on next page.

- 1. Please ensure you prepare the Annexure-1F in A-4 size paper only.
- 2. Please ensure you give Annexure-1F in triplicate.
- 3. Please do not fill in the amount in the pre-receipt. Leave the portion blank. The office of the DC(MSME) will fill it up after calculating the amount due to you.
- 4. Please ensure the authorized person of your unit signs of the places indicated for signatures of the authorized person on revenue stamp.
- 5. Office of the DC(MSME) will fill up the amount and the Sanction No. in the spaces provided for the same.
- 6. The Assistant Director concerned will sign of the place earmarked for his signature.