

ANNEXURE - A

Application Form for Claiming 80% Reimbursement of Bar Code Registration Fee/ Annual Fee paid by Micro Enterprise to GS1 India

1. (a) Name of Micro enterprise : M/s.....
(b) Address of Micro Enterprise :
(i) Registered Office :
(ii) Works Office :
(c) Tel. No.Fax No. E-mail:
2. Whether enterprise is Micro as per UDYAM Registration? Yes / No
3. Name of proprietor/partner of the enterprise..... Mob. No.
4. (a) Amount paid for
(i) One-time registration fee Rs.
(ii) Annual Recurring fee Rs. for the year
- (b) Amount to be reimbursed for
(i) One-time registration fee Rs.
(ii) Annual Recurring fee Rs..... for the year.....
5. Details of UDYAM Registration
6. Range of products being manufactured
7. The following documents are also enclosed along with Application Form:
 - (i) An attested copy of Cash Receipt for total amount (one-time registration fee &/or annual recurring fee) paid to GS1 India for use of Bar Codes.
 - (ii) An attested copy of license received from GS1 India for use of Bar Code.
 - (iii) Pre-receipted bill (In original) in triplicate for amount to be reimbursed for one-time registration fees (as per Annexure-I) &/or for annual recurring fee for 1st three years (as per Annexure II).
 - (iv) A copy of UDYAM REGISTRATION of the micro enterprise.
 - (v) An Affidavit as per Annexure - III regarding current status of the enterprise.
 - (vi) An undertaking as per Annexure-IV (concerning non-receipt of similar financial assistance from any other organization and/or from Office of the DC (MSME).


26/07/2022

DECLARATION

I declare that the particulars given in the above statement are correct. I also undertake that any financial assistance granted to me/my enterprise on the basis of this declaration shall be liable to be refunded to the Government if at any time any information furnished in this application is found to be wrong or incorrect or misleading. I do hereby bind myself and my enterprise to pay the Government on demand a sum equal to the amount claimed as financial assistance in respect of above mentioned activity, within seven days of the demand being made to me in writing.

Date

Signature

Encl :

Name.....

Designation.....

Annexure-I

PRE-RECEIPT

(For One-Time Registration Fee)

Received with thanks a sum of Rs. (Rupees only) from the Director/HOO, MSME-DI towards reimbursement of 80% of the one-time registration fee paid to GS1 India (under the Ministry of Commerce & Industry) for Bar Code registration.

(Affix Revenue Stamp)

Date :

(Signature)

Proprietor/Partner/Managing Director
with Seal

Note: The above pre-receipt is to be submitted on Letter head of the company, in triplicate.



PRE-RECEIPT
(For Annual Recurring Fee)

Received with thanks a sum of Rs. (Rupees
.....only) from the Director, MSME-DI towards reimbursement of 80%
of annual recurring fee for the year(s).....,
paid to GS1 India (under Ministry of Commerce & Industry, Govt. of India)
towards Bar Code registration. However, reimbursement has already been
received for one-time registration fee / annual recurring fees for the 1st
year...../2nd year..... (if received earlier).

(Affix Revenue Stamp)

Date :

(Signature)
Proprietor/Partner/Managing Director
with Seal

Note: The above pre-receipt is to be submitted on Letterhead of the company, in
triplicate.


26/07/2022

AFFIDAVIT

To be submitted on a stamp paper (of Rs. 50/-) duly attested by Notary Public (duly affixed with Notarial revenue stamp; with Notary Seal; and Notary Registration number, etc.)

I.....S/o / D/o / W/o.....
Managing Director*/Director*/Proprietor*/Partner* of M/s.
..... with their Registered Office at.....
..... & Enterprise located at.....
.....do hereby solemnly affirm
and declare as under:

- The company is a Micro Enterprise as per the Govt. of India definition; and has been functional & in production at the time of Bar Code registration.
- The company continues to be a Micro enterprise and functional & in production as on date.

DEPONENT

Verification:

Verified that the contents of the Affidavit are true to the best of my knowledge and belief.

DEPONENT

Place:

Date:

*Strike out whichever is not applicable.



Handwritten signature and date: 20/07/2022

UNDERTAKING

To be submitted by the applicant on a Non-judicial Stamp Paper of Rs. 50/- (Minimum)/amount-as applicable in the respective State, duly sworn before a Notary public (duly affixed with Notarial Stamp, and with Notary Seal & Notary Registration number) or First Class Magistrate.

I.....S/o / D/o / W/o.....
Managing Director*/Director*/Proprietor*/Partner* S/o.....
Registered Office at
& Factory located at
do hereby solemnly affirm and declare as under :

(a) That the aforesaid Company/Firm/Enterprise has/has not availed reimbursement/Subsidy/grant for obtaining Bar-Code registration under any scheme operated by Central Government (including Office of DC (MSME), M/o Micro, Small and Medium Enterprise)/State Government/Financial Institutions, etc., if availed, give the details.

(b) That the aforesaid Company/Firm/Enterprise has/has not applied to
Name of the Ministry/Department of Central Govt. (other than Office of DC (MSME)/State Govt./Financial institution for reimbursement/ subsidy/ grant/ incentive for registration of Bar Coding from GS1 India.

(c) That after availing reimbursement for obtaining Bar-Code registration from Office of DC (MSME), Ministry of MSME, in respect of the said Company/Firm/Enterprise, I shall disclose this fact of the said Company/Firm/Enterprise at the time of claiming/reimbursement/subsidy/grant/incentive, if any, under any other similar scheme run by Central Government/State Government Department/Financial Institution, etc.

(d) I hereby solemnly affirm that the information given above is correct. In case, above declaration is found wrong or incorrect or misleading, I do hereby bind myself & My enterprise and undertaking to pay to the Government on demand the full amount received as reimbursement in respect of above mentioned activity, within seven days of the demand being made to me in writing.

Signature of Partner/Proprietor/Managing Director/Director
In the presence of two witnesses

- 1.
- 2.

(Names and Addresses of the witnesses above also to be indicated along with signatures).

(* Strike out whichever is not applicable)



DECLARATION

I hereby declare that :

- (a) Above information is correct and is based on the actual expenditure incurred. In case any of the statement/ information furnished in application / document is later found to be wrong or in correct or misleading, I do hereby bind myself and my unit to pay to the Government on demand the full amount received as reimbursement in respect within seven days of the demand.
- (b) The unit has not claimed/ applied for financial assistance from any other Ministry/ Department of the Government of India or any other State Government or any Government Institute/Agency for the above mentioned trade fair/ packaging consultancy.

Signature of the Authorized Signatory

Name:

Date:

Designation:

Place:

Approval Flow Chart:

Claim submission by applicant Unit → Scrutiny → Approval/Sanction/Release to beneficiary unit


26/07/2022

MANDATE FORM

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/ REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS

A. DETAILS OF BANK ACCOUNT HOLDER:-

NAME OF THE ACCOUNT HOLDER	
COMPLETE CONTACT ADDRESS	
TELEPHONE NUMBER/FAX/MAIL	

B. BANK ACCOUNT DETAILS

BANK NAME	
BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL	
WHETHER THE BANK IS COMPUTERISED?	
WHETHER THE BANK IS <u>RTGS</u> ENABLED? IF YES, THEN WHAT IS THE BRANCH'S <u>IFSC</u> CODE	
IS THE BRANCH IS ALSO NEFT ENABLED?	
TYPE OF BANK ACCOUNT (SB/CURRENT/CASH CREDIT)	
COMPLETE BANK ACCOUNT NUMBER (LATEST)	
MICR CODE OF BANK	

DATE OF EFFECT:-

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect I would not hold the user Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the scheme.

Date: _____ ()
Signature of Customer

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp) _____ ()
Date _____ Signature of Customer

Please attach a photocopy of cheque along with the verification obtained from the bank. In case your Bank is presently not "RTGS Enabled", then upon its up gradation to "RTGS Enabled" branch, please submit the information again in the above proforma to the Department at earliest.