

To be filled with - Development Commissioner (Industries)
2nd Floor , New Administrative Building,
Opp. Mantralaya, Mumbai - 400 032
Tel : 022 - 22028308 Email : dipsi@maharashtra.gov.in

Form I **Application Form for Eligibility Certificate (New Unit)**

Form IV **Application Form for Eligibility Certificate (Expansion Unit)**

Forms and Applications for IPS (Other than Mega) (Please Scroll Down)

- Annexure A APPLICATION for Industrial Promotion Subsidy (IPS) under Package
 Scheme of Incentives (PSI) 2001/2007 Mega projects
- Annexure B Certification of VAT and CST liability
- Annexure C CHARTERED ACCOUNTANT REGARDING FIXED ASSETS
- Annexure D Anticipated VAT and CST liability

Annexure – A

APPLICATION for Industrial Promotion Subsidy (IPS) under Package Scheme of Incentives (PSI) 2007

(All amounts in Rs. Lacs)

1. Name of the eligible unit :
2. Factory address of Eligible unit :
Telephone number
fax
e mail
3. Office Address :
Telephone number
fax, e mail
4. Eligibility Certificate No. :
5. Date of the Eligibility Certificate:
6. Identification Certificate : No. _____ Date _____
7. Accounting year followed :
8. Period for which the application:
for IPS is made
9. Bank details of eligible units
Bank & Branch Name
Branch address
Branch IFS code (for NEFT)
Account number (for NEFT)

To,

Date:

The Development Commissioner (Industries),
Joint Director of Industries/General Manager, District Industries Centre,

Sir,

In accordance with the Package Scheme of Incentives PSI-2007, application is submitted for sanction of IPS of Rs. ----- (Rupees in words -----) for the period from ----- to ----- . The amount of taxes payable and paid under the Maharashtra Value Added Tax Act 2002 and under the Central Sales Tax Act, 1956 for the above period are shown in the Form at Annexure B).

1. The Following documents are submitted along with the application:

- i) Auditor's Certificate about VAT paid during the claim period in Annexure B.
- ii) MVAT and CST returns filed for the claim period.
- iii) Resolution on the letterhead of the unit authorizing signatory to sign on the application and undertaking.
- iv) Certificate about gross fixed assets in Annexure C.
- v) Statutory sales-tax VAT auditor's report [Form No.704]

2. Details of gross fixed capital investment made as of (date)

	As of (Date)	As per eligibility certificate	As at the end of previous FY*
Land			
Building			
Plant & Machinery			
Other fixed assets			
Total			

(* Relevant for expansion / diversification eligibility certificate. Previous FY refers to the year preceding the financial year during which the acquisition of assets pertaining to expansion / diversification was started.)

3.. Means of Finance: (Please provide complete details)

4.. The details of IPS sanctioned and/or disbursed to me/us up to the date of this application are provided below: -

Sr. No.	Period	IPS sanctioned	Date of Sanction	IPS Disbursement	Date of Disbursement
Total					

5. I / We have furnished to the implementing agency up to date follow-up statements (Annual Production returns and Audited statements of accounts).
6. Certified that the statements made herein are true and as per facts.

I / We hereby agree that in the event of any reduction in my / our MVAT / CST liability as a result of any decision in appeal, revision as a result of any judgment of tribunal or court or for any reasons whatsoever including any mistakes in calculation the amount of incentives determined at a lower amount or determined at Nil. I/We shall repay the excess amount so disbursed along with interest @ 15% per annum or such other rates as may be determined by the implementing agency.

Yours faithfully,

Name, Status and Signature of the
Authorized Signatory

Status: Proprietor / Partner / Chairman
Managing Director / Director.

This application shall be signed by any one of the persons indicated above.

Annexure – B

Certification of VAT and CST liability
ACCOMPANIMENT TO FORM NO. II OF THE APPLICATION FOR IPS under
PACKAGE SCHEME OF INCENTIVES.

(To be certified by Chartered Accountant)

(For the period from _____ to _____ of Financial Year)

1. Name of the eligible unit :
2. Address of the eligible unit :
3. No. and date of Eligibility Certificate : No. _____ Date _____
4. Authority which has issued: the Eligibility Certificate.
5. Identification Certificate : No. _____ Date _____
6. Registration number with date and date of effect.
 - a) Under MVAT Act 2002 : TIN No. _____ Date _____
Date of Effect :
 - b) Under Central Sales Tax Act, 1956. : TIN No. _____ Date _____
Date of Effect :
7. Location at which MVAT returns are filed:
8. Details of sale of Finished Product of eligible unit and Taxes paid thereon.

A) Sale within the State

(All value in Rs.)

Sr No	Finished Product /s	Details		VAT Payable	
		Qty.	Value	Rate	Amount
1	2	3	4	5	6
Total					

B) Sale outside the State

Sr No	Finished Product/s	Details		CST Payable at prevailing rate	
		Qty.	Value	Rate	Amount
1	2	3	4	5	6

C) Branch Transfer

Sr No	Finished Product/s	Details	
		Qty.	Value
1	2	3	4

D) Value of Exports :

E) Total of A+B+C+D

Sr. No	Finished Product/s	Details		Tax Payable
		Qty.	Value	
1	2	3	4	5
Total				

9. Details of Raw Material purchased for manufacture of Finished Product of eligible unit and Taxes paid thereon.

A) Purchases within the State

Sr No	Rate of Tax	Net Value of Purchase	VAT Paid
1	2	3	4
Total			

B) Value of Purchase from outside the State :

C) Value of Purchases by way of Branch Transfer :

D) Value of Imports

E) Total

a) Value of Purchases (A+B+C+D)

b) Value of Tax paid

i) VAT paid :

ii) Entry Tax Paid :

iii) Total (i + ii) :

10. Set-off admissible on tax paid on Purchases :
11. Total Taxes Payable (VAT + CST) :
12. Amount of IPS Receivable – 25% of amount at (11 – 10) :
13. Details of total taxes paid for the above :
period

Sr. No.	Date	Amount of Tax	Name of Bank & Branch	MVAT / CST
Total				

Yours faithfully,

Name, Status and Signature of the
Authorised Signatory

Status : Proprietor / Partner / Chairman
Managing Director / Director.

(This application shall be signed by any one of the persons indicated above.)

Certificate

To be issued by the Competent person authorised to sign VAT audit report in Form 704

I / We hereby certify that from the examination of the Book of Accounts and other relevant records of the applicant M/s. _____ that the Statements made and particulars furnished herein are correct to the best of my / our knowledge and belief.

I / We hereby further certify that the figures shown herein are only in respect of production and sale of the eligible unit and Industrial Promotion Subsidy claimed is only to extent of Net VAT paid by Eligible Unit at _____ for which Eligibility Certificate Number ----- has been issued under the Package Scheme of Incentives 2007.

I / We further certify that the applicant M/s. _____ has maintained separate accounts and records of expansion project (Para applicable for expansion cases)

Seal/Rubber Stamp
Registration Number

Signature
Auditor

Date :

Annexure – C

***ACCOMPANIMENT TO FORM I TO THE APPLICATION FOR IPS FROM
CHARTERED ACCOUNTANT REGARDING FIXED ASSETS.***

1. Name of the eligible unit :
2. Location of the Eligible unit :
3. Period covered by the application :
4. Eligibility Certificate No & Date :
5. Certified that the gross value of the fixed assets of the eligible units M/s.

located at _____ is as under :

Gross value of the fixed assets

(Rs. In lacs)

	At the beginning of the year i.e. on	Acquired during the year	Disposed of during the year	At the end of the year i.e. on	At end of 'previous' FY*
i) Land					
ii) Building					
iii) Plant & M/c and Equipment.					
iv) Other assets					
Total					

(* Relevant for expansion / diversification eligibility certificate. Previous FY refers to the year preceding the financial year during which the acquisition of assets pertaining to expansion / diversification was started.)

6. Details of fixed assets acquired during the year should be given in the following form.

Sr.No.	Date of purchase	Value	Description of items.	From whom purchased.	Date of installation	Whether new or second hand.	Remarks
1	2	3	4	5	6	7	8

(To be given on a separate sheet duly certified by Chartered Accountant if the space is found to be insufficient).

(Seal and initials of Chartered Accountant to appear on each sheet forming part of this Annexure)

7. Details of Fixed assets disposed off / transferred etc. should be given in the following form.

Sr. No	Date of purchase	Value	Description of items.	From whom purchased	Date of installation	Date of sale / disposal transfer / shifting	Value for which disposed off (If shifted place to which shifted be indicated.)
1	2	3	4	5	6	7	8

Authorised signatory

Name, Status and Signature of the
Authorised Signatory

This application shall be signed by any of the persons indicated above.

CERTIFICATE

I/We hereby certify that upon audit of the Books of Accounts and other relevant records of the applicant M/s. _____ that the statements made and particulars furnished herein are correct.

Yours faithfully,

Signature of the Auditor

Seal / Rubber Stamp of
Chartered Accountant
Registration No. :

Annexure – D

Anticipated VAT and CST liability

Name of the unit :

Location :

EC No. & Date :

We hereby state that the anticipated VAT and CST liability after deduction of admissible set-off, pertaining to afore-stated the Eligibility Certificate and eligible finished products for next financial year () is as under.

Under MVAT Act, 2002 :

Under CST Act, 1956 :

The details are as under;

(Value Rs. Lacs)

Name of Products	Anticipated sale within Maharashtra (per annum) Quantity Amount	Anticipated sale outside Maharashtra (per annum) Quantity Amount	VAT liability	CST liability	Total (VAT + CST)	Taxes payable after set-off
Total						

Authorized Signatory

Name, Status and Signature of the
Authorised Signatory