**FORM-I**

**Application form under the Rajasthan Sick Micro & Small Enterprises (Revival and Rehabilitation) Scheme, 2015**

1. Name of the applicant enterprise:-
2. Address of applicant enterprise:-

Email address

1. Total Investment made for revival of sick enterprise:-
2. Item(s) of Manufacture:-
3. Date from which enterprise identified as sick by bank:-
4. Name of Bank and Branch:-
5. Total no. of workers:-
6. Benefits applied for:-

a)

b)

c)

d)

e)

I have read the provisions of the scheme and undertake to abide by them. I also verify that all the above facts are true to the best of my knowledge and belief.

**Place:-**

**Date:-**

**Signature of Applicant**

**For and on behalf of applicant enterprise**

**Enclosures:-**

1. Copy of EM Part II

2. Copy of approved revival plan

3. Copy of sanction letter for fresh loan, if any

4. Proof of New investment, if any

5. Affidavit in support of facts of application

6. Copy of resolution

7. Copy of balance sheet of last two years

8. Details in support of benefits applied for

**Affidavit**

I/WE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as sole proprietor/partner/director of M/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ having its registered office at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that the said enterprise has applied for benefits under revival scheme of Government of Rajasthan for Sick MSME enterprises vide our application dated \_\_\_\_\_\_\_\_\_\_\_ . I/WE\_\_\_\_\_\_\_\_\_\_\_ further affirm that the facts and figures given in the application are true and any inconsistency with them shall make us liable for action under rules.

**Deponent**

**Verification**

I /WE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, proprietor/partner/director of M/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that the above statement is true and correct to the best of my knowledge and belief.

**Deponent**

**Form-II**

**Certificate of sickness under the Rajasthan Sick Micro & Small Enterprises (Revival and Rehabilitation) Scheme, 2015**

Book No.

SL No.

It is certified that on the recommendation made by the State Level Screening Committee in its meeting dated……………. M/s.......................................................... is declared as sick enterprise under the Rajasthan Sick Micro & Small Enterprises (Revival and Rehabilitation) Scheme 2015.

**Place:**

**Date:**

**(Signature with Seal)**

**Member Secretary**

**State Level Screening Committee**

**CC:**

**1. M/s ………………….**

**2. Concerned Department Member Secretary**