



**MAHARASHTRA SMALL SCALE INDUSTRIES DEVELOPMENT CORPN. LTD.**  
KRUPANIDHI, 8 WALCHAND HIRACHAND MARG, BALLARD ESTATE, MUMBAI-400038, PHONE : 22611121/22  
DIVISIONAL OFFICE, THANE

**APPLICATION FOR ENROLLMENT FOR MARKETING ASSISTANCE**

<b>CERT. VALID UPTO</b>		<b>FORM NO. MRK</b>	
<b>Details of Enrollment Fees - Amount Rs.</b>		<b>M.R. No.</b>	<b>Dt.</b>
<b>ENROLLMENT FOLIO :</b>			
<b>PRODUCT CODE NO : I)</b>		<b>II)</b>	<b>III)</b>
		<b>V)</b>	<b>IV)</b>
<b>1) Name &amp; Address of the Unit :</b>		<b>M/s.</b>	
		<b>Office</b>	
		<b>Phone No :</b>	
		<b>Works</b>	
		<b>Phone No :</b>	
<b>1-A-I Please Specify whether</b>		<b>1) Partnership Firm</b>	
		<b>2) Proprietary Concern</b>	
		<b>3) Private Ltd. Company</b>	
		<b>4) Co-op. Society</b>	
<b>1.A-II Full Name/s &amp; Address/es of Proprietor Partners Directors / Contact Persons (Enclose necessary documents of Establishment)</b>			
<b>2) SSI Registration No. ANNEXURE A (enclose copy) N.S.I.C. Registration No.</b>			
<b>3) M-VAT TIN Registration No.</b>		<b>Tin No. (V)</b>	
		<b>Tin No. (C)</b>	
<b>4) Products / Items for which Registered</b>			
<b>5) F. D. A. Licence No.</b>			
<b>6) Land / Building Area</b>		<b>i) Covered</b>	
<b>i) Total Cost</b>		<b>ii) Open</b>	
<b>ii) Mention if rental</b>			
<b>7) Type of industry for which Marketing Assistance required</b>		<b>Group (from the enclosed list)</b>	
		<b>Sub-Group (from the enclosed list)</b>	
<b>8)-I List of Machinery / Equipments installed</b>		<b>Annexure B</b>	

(ii) Total Cost for Machineries / equipments \_\_\_\_\_

9) Quality Controlling Facilities  
(Laboratory & System of  
Inspection / Testing \_\_\_\_\_

(a) Testing facilities available :- \_\_\_\_\_

(b) Processing / Treatment facilities available :- \_\_\_\_\_

10) ISI Certification Mark \_\_\_\_\_  
Quality marking  
Brand Mark

11) CAPITAL INVESTMENT

i) Blocked Capital \_\_\_\_\_

ii) Working Capital \_\_\_\_\_

12) Name of the Bankers : \_\_\_\_\_

13) Credit facility availed : \_\_\_\_\_  
(Bank limit)  
(ANNEXURE 'D')

14) Power sanctioned (in KW) \_\_\_\_\_  
(ANNEXURE 'D')

15) Capacity : \_\_\_\_\_

i) Installed capacity assessed  
by D.I. for items  
concerned - valuewise  
(ANNEXURE 'E')

16) Manpower :                      Supervisory                      Workers                      Total

i) Skilled

ii) Semi Skilled

iii) Un-skilled

iv) Qualified welder  
with certification)

- 17) **Annual Turnover** \_\_\_\_\_  
**(Previous 3 years**  
**in quantity & value)**  
**(ANNEXURE 'I')**
- 18) **(End-use** \_\_\_\_\_  
**of the Products**  
**and / list of prospective buyers in**  
**Govt. / Semi Govt. / local bodies / Co-operation**  
**and Public Sector U/T )**
- 19) **PAST PERFORMANCE :**  
**Major orders executed for above consignees** \_\_\_\_\_  
**Details of Order No. & Date, items, Consignees, Value, etc.** \_\_\_\_\_  
**(ANNEXURE 'F')**
- 20) **Source of Raw Material :** \_\_\_\_\_  
**(i) Indigenous** \_\_\_\_\_  
**(ii) Imported** \_\_\_\_\_
- 21) **Catalogue / Literature of the items manufactured** \_\_\_\_\_  
**(ANNEXURE 'D')**
- 22) **Any Scope for diversification** \_\_\_\_\_  
**of Products / Development / Import**  
**Substitution / Railways**
- 23) **Expectations from MSSIDC Ltd.** \_\_\_\_\_
- 24) **Additional information, if any** \_\_\_\_\_



We hereby undertake that whenever we quote through MSSIDC Ltd., against particular tender enquiry we shall not quote directly for the same.

Date : .....

Name & Signature of the  
Proprietor / Partner

**Notes :**

- i) Application must be submitted in DUPLICATE with all enclosures properly marked and signed by the applicant.
- ii) Incomplete application will not be enrolled.
- iii) Enrollment fees Rs. 2000/- should be paid along with the application by D.D. / Cheque in the name of MSSIDC Ltd., or by cash at our counter.

Remarks of Officer of MSSIDC Ltd.,

<b><u>Category No.</u></b>	<b><u>Product Categories</u></b>
1)	Auto Parts
2)	Agricultural, Dairy, Pharmaceutical Equipments
3)	Chemicals Intermediates, Oil-Grease-Lubricants
4)	Cement Products
5)	Drugs, Medicines, Pharmaceuticals, Surgical & Hospital Items & Equipments
6)	Engineering, Fabrication, Fasteners
7)	Electrical, Electronics.
8)	Ferrous & Non-Ferrous Castings, Forgings, Tubes, Special Products
9)	Food Products
10)	Leather- Canvas Goods, Tarpaulin
11)	Material Handling Equipments, Cranes, Body Building
12)	Paints
13)	Pumps & Valves
14)	Pesticides
15)	Printing & Stationery
16)	Polythene, Plastic, P.V.C. Fibre Glass, Rubber Articles
17)	Special Purpose Machines & Mechanical Equipments
18)	Steel Furniture
19)	Wooden Furniture
20)	MISCELLANEOUS :
	A) Tools & Cutters
	B) Cloth, Garments, Tailoring
	C) Soaps & Detergents
	D) Packaging, Containers
	E) Utensils
	F) Science-Laboratory Equipments & Reagents
	G) Engineering & Servicing Industry
	H) General



**MAHARASHTRA SMALL SCALE INDUSTRIES DEVELOPMENT CORPN. LTD., MUMBAI**

**QUESTIONNAIRE TO BE FILLED UP BY THE SSI UNITS**

**PART I - GENERAL**

1. Name of the Unit : \_\_\_\_\_
2. Registered Office : \_\_\_\_\_
3. Factory Address : \_\_\_\_\_
4. Telegraphic Address : \_\_\_\_\_
5. Telex No. : \_\_\_\_\_
6. Telephone Nos. : Office : \_\_\_\_\_  
Factory : \_\_\_\_\_  
Fax : \_\_\_\_\_
7. Nature of Business : **Manufacturer / Project Engineer / Assembler**
8. Nature of the Company : **Proprietor/ Partnership / Private Ltd. / Public Limited**
  - a) In case of a Proprietary Co., : \_\_\_\_\_  
Name, Address and Telephone No. of the Proprietor.
  - b) In case of Partnership Co., Name, Address of the Partners, with Tel. Nos. : \_\_\_\_\_
  - c) In case of Public / Private Ltd. Co., Name, Address & Telephone Nos. of the Chief Executive. : \_\_\_\_\_
9. For clarifications, persons to be contacted. : \_\_\_\_\_  
  
Name : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Phone : Office : \_\_\_\_\_  
Factory : \_\_\_\_\_  
Address : \_\_\_\_\_



10. Total area of the Factory : Covered : \_\_\_\_\_  
Uncovered : \_\_\_\_\_

11. a) Total No. of Employees working as on date : \_\_\_\_\_

Administrative : \_\_\_\_\_

Technical : \_\_\_\_\_

i) Total No. : \_\_\_\_\_

ii) Out of above personnel, exclusively employed for QC / Inspection : \_\_\_\_\_

12. Type of Industry : \_\_\_\_\_

a) Small Scale Industry : \_\_\_\_\_  
Registration No. & Date with the Directorate of industries

13. Year of Commencement of Manufacture : \_\_\_\_\_

14. Annual Turnover during last 3 years (the Company's financial year may be indicated and estimated value given for current year. : \_\_\_\_\_

15. Electric Power. : \_\_\_\_\_  
Sanctioned : \_\_\_\_\_  
Installed : \_\_\_\_\_

16. Have you any Local Branch Office/Agents ? : \_\_\_\_\_  
If so, please furnish details with address and phone No. etc



## PART II - TECHNICAL

**1. Manufacturing Capacity as approved by the Govt.**

[illegible]

## 2. Brief details of Products Manufactured

[illegible]

### 3. Testing Facilities

**Has your product been tested by any agency, if so, indicate details (copies of qualification approval / test certificates / test reports may be enclosed in triplicate.)**

#### 4. Details of Plants & Machinery (Description, Rating Make & Quantity)

### 5. Details of Laboratory & Drawing Office Facilities

## 6. Inspection & Quality Control of finished products

**a) Available test equipments and facilities in the factory**

## Stage Insp.

**Final Insp.**

### **b) Assistance from external agencies**

## 7. Principal Customers

Name & Address of the Customer	Product supplied	Value of supply (Rs.)	Year of supply
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## PART II - COMMERCIAL

1. Name & Address of your Bankers : \_\_\_\_\_
2. a) Source of finance : \_\_\_\_\_  
 b) Borrowing limits as sanctioned by Bank, if any ? : \_\_\_\_\_
3. Income tax Registration Certificate No. & Date : \_\_\_\_\_
4. Sales tax Registration Certificate No. & Date : \_\_\_\_\_  
 A) m-Vat (Tin No.) : \_\_\_\_\_  
 B) Central Sales Tax (Tin No.) : \_\_\_\_\_
5. Would you provide after sales service ? If so, give details. : \_\_\_\_\_

**ENCLOSED :** Please give below the list of enclosures and the No. of copies.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**We confirm that the information furnished is correct to the best of our knowledge.**

Seal :

Signature \_\_\_\_\_

Name in capital \_\_\_\_\_

Place :

Designation \_\_\_\_\_

Date :



**List of documents to be submitted with application for registration under marketing assistance scheme**

- 01) Registration Form in duplicate**
- 02) Permanent SSI Registration**
- 03) Sales Tax Registration / C.S.T.**
  - A) m-Vat (Tin No.)**
  - B) Central Sales Tax (Tin No.)**
- 04) List of Machineries**
- 05) Credit Facility / Bank Limit available**
- 06) Power Sanctioned Letter**
- 07) Installed Capacity if assessed**
- 08) Annual Turnover for last three years, Balance Sheet copy**
- 09) Details of order received / executed, List of customers**
- 10) Raw Material required**
- 11) Catalogue / Literature if available**
- 12) Questionnaires Form**
- 13) NSIC / ISI / FDA Licence, Registration if required**