

**Application Format for Claiming Reimbursement of Certification Charges of acquiring  
ISO-9000/ISO-14001/HACCP Certificate under the Incentive Scheme of O/o Development  
Commissioner (MSSE), M/o MSME, Nirman Bhawan, New Delhi-110108.**

1. (a) Name and 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. Wheather SC/ST
4. Wheather Women Entrepreneurship
5. Item (s) of manufacture/processing  
as indicated in the E.M.Certificate.
6. **Proof of SSI status and functional status of the unit  
as on the date of submission of Application  
The following document(s) to be submitted**
  - i. A certificate (in original) from State DI/GM,DIC  
confirming SSI and functional status of the unit  
at the time of acquiring ISO-9000/ ISO-14001 certificate;  
as on date as per Format at Annexure I.  
OR
  - ii. An Affidavit (in original) from Managing Director/  
Director/Proprietor/Partner of the SSI unit duly sworn  
before a Notary Public confirming SSI status and functional  
status of the unit at the time of acquiring ISO-9000/ISO-14001/HACCP  
certificate; and as on date,( As per Format **Annexure II**)  
accompanied by CA certificate of the total investment in  
plant & machinery as on date (original purchase value)  
(As per Format **Annexure III**)

7. **Details of ISO-9000/ISO-14001/HACCP Certificate**  
Name and 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 & Number of the Accreditation Body/Board.**  
(Enclose an attested copy of the Certificate)
8. Details of expenditure incurred in acquiring ISO-9000/ ISO-14001/HACCP Certificate (excluding hotel & travel expenses & surveillance charges).  
Furnish a CA certificate of expenditure (in original) giving the details (as per the Format **Annexure IV**).
9. Details of reimbursement/grant/subsidy **already received**, if any, from Centre Govt (including DC(MSME) / State Govt./Financial Institution etc. for acquiring ISO-9000/ ISO-14001/HACCP Certificate ( Furnish, an Undertaking/declaration (in original) from the Managing Director/Director/ Proprietor/ Partner of the SSI/ ancillary units duly sworn before Notary Public (as per the Format **Annexure V**)
10. Pre-receipt to be furnished as per Format at **Annexure VI**.

Declaration:

I (full name) .....,S/o of ..... Managing Director/ Director/Proprietor/Partner of M/s. .... (complete address) hereby declare that the particulars given in the application are correct. In case any of the statement/information furnished in the application/documents later found to be wrong or incorrect 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 of above mentioned activity, within seven days of the demand being made to me in writing.

Name and Signature of Managing Director/  
Director/Proprietor/Partner of SSI unit.  
(Full Name)

**Note:**

The copy of E.M.No., ISO-Certification must be attested by any one of the followings:

(1)GM (DIC) or (2) Director, SISI of the Region or (3) Chartered Accountant (with name of the signatory, CA Stamp, and CA Membership No. )





**CERTIFICATE**

This is to certify that M/s----- With their office at -----  
----- & factory located at -----  
----- with E.M.No.----- dated-----  
-----is an SSI/Tiny/SSS BE unit as per Govt. of India definition and has been functional & in  
production at the time of acquiring ISO-9000/ISO-14001/HACCP Certification No-----  
----dated-----and also continues to be functional & in production as on date.

Dated

Director of Industries/  
GM (DIC)  
Name & Rubber Seal





**AFFIDAVIT\*\***

I,-----s/o----- Managing  
Director/Director/Proprietor/Partner,\* M/s.-----  
with their Regd. Office at ----- & Factory located at-----  
----- with E.M. No.-----dt.-----  
do hereby solemnly affirm and declare as under:

- xi. The Company/Firm/Establishment has been a SSI/ancillary/Tiny/SSSBE\* unit as per the Govt. of India definition; and has been functional & in production at the time of acquiring ISO-9000/ISO-14001/HACCP\* certification No.-----dated-----
- xii. The Company/Firm/Establishment continues to be a SSI/ancillary/Tiny/SSSBE unit; and functional & in production as on date.
- xiii. As per books of account, the total investment (original purchase value) in plant and machinery in the Company/Firm/Establishment as on -----is Rs-----  
----- (Chartered Accountant Certificate dated-----to this effect is attached).

Signed on this day of-----dt-----

DEPONENT

**VERIFICATION:**

I do solemnly affirm that the contents of the Affidavit are true to the best of my knowledge & belief.

DEPONENT

Date:

Place:

(Note) \* Strike out whichever is not applicable.

\*\*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



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**Annexure 'III'**



Certificate from Chartered Accountant about investment in Plant & Machinery (on C.A. Letter Head)

**To Whom It May Concern**

Verified from the Books of Accounts of M/s. \_\_\_\_\_ with their Regd. Office at \_\_\_\_\_ and Factory located at \_\_\_\_\_ and E.M. No. \_\_\_\_\_ dt. \_\_\_\_\_ that the total investment in plant and machinery (original purchase value) of the company as on date\* \_\_\_\_\_ stands as Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

Name & Signature of the Chartered Accountant with stamp and Membership number.

Place:

Date:

\* Date of Application or 31st March of Preceding financial year.



**Annexure'IV'**

Certificate from Chartered Accountant in respect of Proof of Expenditure incurred for acquiring ISO-9000/ISO-14001/HACCP (on a C.A Letter Head)



**To Whom It May Concern**

The documents & records of M/s. \_\_\_\_\_ with their Regd. office at \_\_\_\_\_ and factory located at \_\_\_\_\_ and E.M. No. \_\_\_\_\_ dt. \_\_\_\_\_)

**in respect of the expenditure incurred by them in acquiring ISO-9000/ISO-14001/HACCP Certificate (or its equivalent) have been verified; and it is certified that the said company have incurred a total expenditure of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) towards ; Application fee; Assessment/Audit fee; Annual fee/Licence fee; Training; Calibration; and Technical Consultancy etc. (excluding hotel & travel expenses & Surveillance charges) in obtaining ISO-9000 /14001/HACCP from the Certification Agency namely \_\_\_\_\_; as per the following details of payments:**

Details of Payments (Name of Certification Agency/Orgn.) 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 & CA  
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.**




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To be submitted by the Applicant on a Non-judicial Stamp paper of Rs. 50/-(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 & Notary Registration number) or First Class Magistrate

**UNDERTAKING/ DECLARATION**

I,-----s/o-----Managing Director/Director/Proprietor/Partner, M/s.--  
-----with Regd. office at----- & factory located at-----  
-----and with E.M. No.-----dt.----- do hereby solemnly  
affirm and declare as under:

(a) (i) That the aforesaid Company/Firm/Establishment(s) have not availed reimbursement/subsidy/grant/incentive for acquiring, ISO 9000/ISO-14001/HACCP Certification under any Scheme operated by Central Govt. (including o/o DC(MSME), M/o MSME)/ State Govt./ Financial Institution etc.

**OR**

(a) (ii) That the aforesaid Company/Firm/Establishment(s) have claimed & received reimbursement/subsidy/ grant/incentive for acquiring ISO 9000/ISO-14001/HACCP Certification amounting to Rs\_\_\_\_\_ (Rupees \_\_\_\_\_ from \_\_\_\_\_(Name of the Central Govt/State Govt Deptt./Financial Institution vide draft/cheque No-----dt----- of------(Name of Bank).

(b) (i) That the aforesaid Company/Firm/Establishment(s) have already applied to-----Name of the Central Govt (other than O/o DC(MSME))/ State Govt/ Financial Institution ) vide application dated-----for reimbursement/ subsidy/ grant/incentive for acquiring ISO-9000/ISO-14001/HACCP Certification .

**OR**

(b) (ii) That the aforesaid Company/Firm/Establishment(s) have not applied to any Central Govt./State Govt./ Financial Institution (except o/o DC(MSME), Ministry of MSME), for reimbursement/subsidy/grant/incentive, for acquiring ISO-9000/ISO-14001/HACCP Certification.

(c) That after availing reimbursement for ISO-9000/14001/HACCP Certification from Office of DC(MSME), Ministry of 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 given above is correct. In case above declaration is found wrong or incorrect or misleading, I do hereby bind myself & my unit and undertake 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.**

Partner/Proprietor/ Managing Director/ Director

In the presence of:

1. **(Full Name and addresses of the two witnesses also to be indicated along with signatures)**
- 2.

**Note: The factual status as on date under the respective paras at (a); (b) & (c) above must be clearly indicated**



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**Annexure 'VI'**



Name of the Industry : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number : \_\_\_\_\_

**PRE – RECEIPT** (in Triplicate)

Received a sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_  
\_\_\_\_\_) from the Director, MSME-Di, Nagpur towards  
the reimbursement of expenses incurred for obtaining International Quality Certification ISO –  
9001 / ISO – 14001/HACCP/HACCP. •

Rubber Stamp of the Unit

\*Signature of the Authorized Person (on Revenue Stamp)



**(B) FOR OFFICE USE ONLY**

Passed for the payment for Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_  
\_\_\_\_\_) Vide sanction No. \_\_\_\_\_  
\_\_\_\_\_ dated \_\_\_\_\_.

Director

Micro, Small & Medium Enterprises, DI

\_\_\_\_\_ (Place)

Note: Please read the instructions on pre-page carefully before filling this Annexure VI i.e. Pre-Receipt.

**INSTRUCTIONS**

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

1. Please ensure you prepare the Annexure VI in A-4 size paper only.
2. Please ensure you give Annexure VI in triplicate.
3. Please type the name of your industry, full address and telephone numbers as indicated in the sample format, in the portion marked A.
4. Please do not fill in the amount in the pre-receipt. Leave the portion blank. The office of DC (MSME) will fill it up after calculating the amount due to you.
5. Please ensure the authorized person of your unit signs at the places indicated for signatures of the authorized person on revenue stamp.
6. Please type portion 'B' yourself in the A-4 size paper as indicated in the format.
7. Office of the DC (MSME) will fill up the amount and the sanction no. in the spaces provided for the same.
8. The Assistant Director concerned will sign at the place earmarked for his signature.



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**Check List** of documents to be annexed along with the Application for claiming reimbursement of expenses of ISO- 9000/14001/HACCP certification.

14. Copy of E.M.No. duly attested (each page of the Registration Certificate duly attested) by General Manager, District Industries Centre (DIC) or State Director of Industries or Director, Small Industries Service Institute (SISI) or Chartered Accountant (Name, Signature, Membership number; and Seal)
15. Letter (in original) from General Manager, District Industries Centre, (DIC) or Director of Industries confirming SSI status and functional status of the unit at the time of acquiring ISO-9000/14001/HACCP as per Format at Annexure I.

Or

16. An Affidavit( In original) on a non judicial stamp paper of Rs. 10 (Min.) in Delhi/Amount as applicable in the respective State) duly sworn before a Notary Public as per Annexure 'II' ( with Notary Seal, Notarial Stamp & Noatry Registration no. ; and Chartered Accountant's Certificate of investment in Plant and machinery as per Annexure 'III'.
17. Copy of ISO-9000/ ISO- 14001/HACCP Certificate duly attested by General Manager, District Industries Centre (DIC) or State Director of Industries or Director, Small Industries Service Institute (SISI) or Chartered Accountant (Name, Signature, Membership number and Seal.)

The Certificate must have address of site/location certified, scope of certification, Certificate No., date of issue, & period of validity (or date of expiry), Name & Logo & Number of the Accreditation Body/Board.

18. Chartered Accountant's certificate of the details of the Expenses incurred by the unit in acquiring ISO-9000/ISO-14001/HACCP Certificate in Annexure 'IV'. The payments made to the Certification agency **must be supported by copies of Receipts duly attested** ( The payments Directly made to the Certification Agency shall only be eligible for reimbursement ) Invoices should be supported to Receipts.
19. Undertaking/Declaration of the Incentive/grant/subsidy already received, if any, in Annexure 'V' on a Non-Judicial stamp paper of Rs.50/-,(Min) in Delhi/Amount as applicable in the respective State. with witnesses name & their addresses &signatures, Notary Seal, Notarial Stamp & Notary Registration nos.)
20. Pre-receipt in Triplicate on Company's Letter head with company's Rubber Stamp and affixed with Revenue Stamp in Annexure 'VI'
21. Certificate to be attached by belonging SC/ST category.

Any other documents annexed to be mentioned