

**FREE OF COST**  
**(TO BE SUBMITTED IN DUPLICATE)**

**The National Small Industries Corporation Ltd.**  
**(A Government of India Enterprise)**

Website: [www.nsic.co.in](http://www.nsic.co.in)/[www.nsicspronline.com](http://www.nsicspronline.com)/[www.msmemart.com](http://www.msmemart.com)/[www.msmeshopping.com](http://www.msmeshopping.com)  
Facebook: <https://www.facebook.com/NSIC LTD> CIN: U74140DL1955GO1002481

**NAME OF ISSUING BRANCH WITH TELEPHONE NO. & EMAIL ADDRESS:**

**APPLICATION FOR ENLISTMENT UNDER SINGLE POINT REGISTRATION SCHEME**  
**FOR PARTICIPATION IN GOVERNMENT PURCHASE PROGRAMME**

Enter GST Number of the Applicant:- \_\_\_\_\_

1. **Name of Applicant firm: M/s.** \_\_\_\_\_

|             | Address | Telephone No.<br>(with city code) | Fax No.<br>(with city code) | Email address |
|-------------|---------|-----------------------------------|-----------------------------|---------------|
| Head Office |         |                                   |                             |               |
| Factory     |         |                                   |                             |               |
| Branches    |         |                                   |                             |               |

2. (a) Declaration of having made the entry in MSME Data Bank

(b) Please submit self-attested copy of PAN NUMBER of the unit: \_\_\_\_\_

3. (a) Please attach self-attested copy of EM Part-II (optional): \_\_\_\_\_

(b) Please attach self-attested copy of Udyog Adhaar Memorandum (UAM) No.: \_\_\_\_\_

4. **Status of applicant firm:**

(a) Date of Incorporation:

(b) Date of commencement production/business:

(c) Constitution of the firm: Proprietorship/Partnership/ Public Limited/ Pvt. Limited/LLP/Industrial Cooperative/ Hindu Undivided Family/Self-Help groups/Society/other (please specify)  
(Please attach a self-attested relevant documents)

(d) Details of Proprietor/ Partners/Directors/Karta having interest in the firm:

| S. No. | Name(s) & Address(es) | Mobile No. | Email | Landline No. with city code | Length of Experience | Adhaar No. (Optional) |
|--------|-----------------------|------------|-------|-----------------------------|----------------------|-----------------------|
|        |                       |            |       |                             |                      |                       |
|        |                       |            |       |                             |                      |                       |
|        |                       |            |       |                             |                      |                       |
|        |                       |            |       |                             |                      |                       |

(e) Whether your unit belongs to category i.e. SC/ST/OBC/NE/Backward/Women entrepreneur/Ex-serviceman/person with disability/minority/General, or any other category, if yes please mention the

shareholding and proof thereof:

- (f) If the firm is a subsidiary/Associate of an Indian/foreign/large scale company, give particulars of parent/holding company:
- (g) Did you applied for registration with NSIC before for this firm or any other firm? If so, please give details.
- (h) Are you already availing or have availed any assistance / facilitation from NSIC under this or through some other firm? If so, please give details.
- (i) Whether your firm was blacklisted &/or any of its Directors/Partners were prosecuted at any time for any offence under any Court for Civil/Criminal/Revenue or Economic Office? If so, give particulars of offence and penalty.
- (j) Whether you are registered with any other Govt. Department? If so, give registration No. and date, attach a copy of registration certificate and specify the item for which registered.
- (k) Have you supplied any stores/products or rendered any services to any other Government Department or through any other Supplier? If so, give details of the contract if any, during the last Three years in **Annexure-'F'**
- (l) Whether your firm or any of its Directors/Partners were defaulter of statutory dues

**5. Details for which registration is sought:**

- (a) For products / stores / items, please provide the information in **Sheet 1** of Application Form
- (b) For services, please provide the information in **Sheet 2** of Application Form
- (c) For Both Manufacturing & Service, please provide the information in **Sheet 3** of Application Form.

**6. Details of Factory /Godown/works:-**

| Details                          | Address | Tel. No. | Electricity Horse Power / KW - Allotted | Electricity Horse Power / KW Installed | Remarks |
|----------------------------------|---------|----------|---|--|---------|
| Factory                          |         |          |   |  |         |
| Godown                           |         |          |   |  |         |
| Laboratory                       |         |          |   |  |         |
| Uncovered Area, if any/or others |         |          |   |  |         |

**7. Detail of capital structure:-**

- (a) Fixed Capital (original value without depreciation)
    - (i) Land & Building
    - (ii) Plant & Machinery (for manufacturing units)
    - (iii) Equipment/Tools (for service entrepreneurs)
  - (b) Current Assets (this should include stock of Raw material. Consumable stores, semi-finished/finished products, cash in hand, bank balance etc.)
- Total of (a) / & (b)

**8. Technical facilities:**

- (a) Details of plant and machinery installed/equipment as per **Annexure 'B'**.
- (b) Specify stores/products under manufacture or rendering of services.
- (c) Full information of the technical know-how of products with flow chart.
- (d) Quality control arrangement for routine and acceptance test.
- (e) Details of testing machinery & facilities.

**9.** State if the products have been fully tested, including type tests where required in specifications. If so, attach copy of test reports:

**10.** If the products require after sales service, give Names & Addresses of places where such facilities are available. Indicate if your products are directly marketed by you in whole of India. If not, indicate names of firms with whom marketing arrangements have been made product-wise/area-wise:

**11.** Statement indicating the Result of Operations and Financial Position of the MSE Unit for the last three years (year-wise) duly supported by relevant Audited Balance Sheets (**Annexure-C**).

**12.** Name and addresses of Bankers with A/c. No. **The case can be processed on production of Bank's sanction letter but certificate will be issued only after receipt of original banker's report as per Annexure 'E'**.

**13.**

| Information about Raw Material being used |             |              |             |
|---|-------------|--------------|-------------|
| Raw Material(s)                           | Supplier(s) | Annual (Qty) | Requirement |
|   |             |              |             |
|   |             |              |             |
|   |             |              |             |

**14. Additional/Optional information:**

- (a) State if the products are BIS Marked. If so, attach a copy of valid BIS License. (OR) any other national / international accreditation.
- (b) State if the firm has ISO Certification. If yes, attach copy of the same.
- (c) State name, address & email of the Industrial Association holding membership, if any:

**15. Name and designation of the signatory of this application (Enclose a copy of Power of Attorney where applicable)**

(Authorized Signatory(ies)) with seal

Place  
Date

I / We .....  
(Indicate the name of the Proprietor/Partner/Director/Karta etc.) do hereby declare that the entries made in this application from are true to the best of my/our knowledge.

I / We do hereby undertake that being a registered unit with NSIC under Single Point Registration Scheme (SPRS), shall abide by General Terms and Conditions of contracts of various Purchasing Agencies/Bodies as amended from time to time. Failure on our part may result in the CANCELLATION of registration with NSIC.

Date:

Place: (Signature of the Proprietor/Partner/Director/Karta/General Attorney) with Stamp

**FOR MANUFACTURING UNITS ONLY**

**(To be submitted on Company's letter head)**

Please provide the details of the stores/products/items for which registration is required:-

| <b>S.No.</b> | <b>Name of Stores/products/items</b> | <b>Specifications</b> | <b>Qualitative Capacity</b> | <b>Quantitative Capacity p.m./p.a.</b> |
|--------------|--------------------------------------|-----------------------|-----------------------------|--|
| 1.           |                                      |                       |                             |  |
| 2.           |                                      |                       |                             |  |
| 3.           |                                      |                       |                             |  |
| 4.           |                                      |                       |                             |  |
| 5.           |                                      |                       |                             |  |
| 6.           |                                      |                       |                             |  |
| 7.           |                                      |                       |                             |  |
| 8.           |                                      |                       |                             |  |
| 9.           |                                      |                       |                             |  |
| 10.          |                                      |                       |                             |  |

(Authorized Signatory)  
With stamp of company

**FOR SERVICE UNITS ONLY**

**(To be submitted on Company's letter head)**

Please provide the details of the services for which registration is required:-

| <b>S.No.</b> | <b>Name of the Services/Activities</b> | <b>Definition of the activity/service</b> | <b>Quantitative Capacity/services p.m./p.a.</b> |
|--------------|--|---|---|
| 1.           |  |   |   |
| 2.           |  |   |   |
| 3.           |  |   |   |
| 4.           |  |   |   |
| 5.           |  |   |   |
| 6.           |  |   |   |
| 7.           |  |   |   |
| 8.           |  |   |   |
| 9.           |  |   |   |
| 10.          |  |   |   |

(Authorized Signatory)  
With stamp of company

**FOR COMBINATION OF MANUFACTURING & SERVICE UNITS**

(To be submitted on Company's letter head)

Please provide the details of the stores/product/items & services (both) for which registration is required:-

**FOR MANUFACTURING & SERVICE UNITS**

| <b>A. FOR MANUFACTURING UNITS</b> |   |                       |                             |  |
|-----------------------------------|---|-----------------------|-----------------------------|--|
| <b>S.No</b>                       | <b>Name of the stores/product/items</b> | <b>Specifications</b> | <b>Qualitative Capacity</b> | <b>Quantitative Capacity p.m./p.a.</b> |
| 1.                                |   |                       |                             |  |
| 2.                                |   |                       |                             |  |
| 3.                                |   |                       |                             |  |
| 4.                                |   |                       |                             |  |
| 5.                                |   |                       |                             |  |

| <b>B. FOR SERVICE INDUSTRY</b> |                                 |   |  |
|--------------------------------|---------------------------------|---|--|
| <b>S.No</b>                    | <b>Name of Service/Activity</b> | <b>Definition of the activity/service</b> | <b>Quantitative Capacity/services p.m.</b> |
| 1.                             |                                 |   |  |
| 2.                             |                                 |   |  |
| 3.                             |                                 |   |  |
| 4.                             |                                 |   |  |
| 5.                             |                                 |   |  |

(Authorized Signatory)  
With stamp of company