

PART II

ENTREPRENEURS MEMORANDUM ACKNOWLEDGEMENT

(SERVICE THROUGH UDYOG SETU)

Form No.: 8665

PMT SSI TO EM PART II

1. **M/S TECHNOCRAFT ENGINEERS.** has filed memorandum for a **MANUFACTURE ENTERPRISE** at the address **B-19, MIDC, FLATTED FACTORY, WAGLE INDL. ESTATE, TAL. & DIST-THANE** the items indicated below as per the facts stated in the Form No. **8665** and allocated Entrepreneurs Memorandum Number as below:

2. DETAILS OF ITEMS/ITEMS TO BE MANUFACTURED/SERVICE TO BE PROVIDED.

Sr. No.	Items of Manufacture/type of service to be rendered.	Capacity in case of manufacture / Annum.	Initial date of production/ commencement of service.
1	MANUFACTURING OF GEAR BOXES, GENERAL UNITS SPECIAL PURPOSE GEAR BOXES, SPECIAL PURPOSE MACHINES, WORM GEAR BOXES, AMUSEMENT PARK EQUIPMENT DESIGN & FABRICATION.	8400 NOS.	06.07.2005

3. DETAILS OF PLANT AND MACHINERY AS PER DATE-WISE INVESTMENT

Sr. No.	Investment in Plant and M/c. (Rs. In Lakh) / Equipment (Rs.in Lakh.)	Date of Investment
1	07.00 /03.50	01.05.2005

4. Date of change of Category --
5. Date of Issue **09.03.2012**
6. Nature of Activity (Manufacturing-1,Service-2) **1**
7. Category of Enterprise (Micro-1, Small-2, Medium-3) **1**
8. Entrepreneurs Memorandum Number **27 - 021 - 11- 02992 - Part II**

9. Note : The issue of this acknowledgement does not bestow any legal right. The Enterprise is required to seek requisite clearance/licence/permit required under statutory obligation stipulated under the laws of Central Government/State Government/UT Administration/Court orders.

- PLEASE NOTE THAT ELP-1 RETURN FOR THE PERIOD OF EVERY FINANCIAL YEAR IS REQUIRED TO BE SUBMITTED TO DISTRICT INDUSTRIES CENTRE, THANE BEFORE END OF JUNE.
➤ THIS ACKNOWLEDGEMENT IS ISSUED IN LIEU OF PMT SSI REGN 11/24/86629 DTD. 27.09.2005.

Date : 09.03.2012

Place : Thane.



for **Shinde**
General Manager
Dist.Inds.Centre,Thane.

District Industries Centre,
1st Flr, MIDC CFC Bldg, Wagle Indl. Estate, Thane.
Phone/Telefax - 25833565/25822013
Email - didicthane@maharashtra.gov.in

Udyog Setu
C/o. DIC-Thane.
25833565/25822013
udyogsetuth@hathway.com

PART II

Form No.8665..

(To be filled up and submitted to the District Industries Centre after commencement of production/ activity)

{THE ROWS WHICH HAVE BEEN REPEATED NEED TO BE FILLED ONLY TO THE EXTENT THAT THE ACTUAL DETAILS ON COMMENCEMENT VARY FROM THOSE IN PART I}

I. [PMT SSI / IEM / PRO. SSI / EM PART I] NO PMT

1	1	2	4	8	6	6	2	9			
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II. DATE OF ISSUE

2	7	0	9	2	0	0	5
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III. MONTH OF COMMENCEMENT OF PRODUCTION / ACTIVITY

M M Y Y Y Y

0	7	2	0	0	5
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1. NAME OF APPLICANT

R	A	V	I	N	D	R	A	S	H	E	M	B	E	K	A	R				
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2. (a) ADDRESS OF COMMUNICATION

B	-	1	9	M	I	D	C	R	L	A	T	T	E	D	R	A	C	T	O	R	Y
W	A	G	L	E	R	N	D	L	E	S	T	A	T	E	-	T	H	A	N	E	
T	A	L	T	H	A	N	E														
D	I	S	T	-	T	H	A	N	E												

(i) TELEPHONE NUMBER 022

2	5	8	0	0	0	6	5
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(ii) FAX NUMBER

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(iii) CELL PHONE NUMBER

9	8	2	0	4	1	6	2	7	5
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(iv) E-MAIL

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(v) WEB - SITE

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(b) PERMANENT RESIDENTIAL ADDRESS (MAIN APPLICANT)

B	-	1	J	E	E	V	A	N	C	H	S	S	O	C	I	E	T	Y			
R	A	V	I	I	N	D	L	E	S	T	A	T	E	N	E	A	R				
A	N	J	A	L	I	S	O	C	I	E	T	Y	P	A	C	H	P	A	R		
H	A	D	I	T	H	A	N	E	W												

(i) TELEPHONE NUMBER 022

2	5	4	2	8	1	6	2
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(ii) FAX NUMBER

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(ii) CELL PHONE NUMBER

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(iii) E-MAIL

e	a	v	i	s	p	@	v	b	n	i	.	n	e	t

(iv) WEB-SITE

w	w	.	s	p	e	c	i	a	l	p	e	r	p	o
s	e	g	e	a	r	b	o	x	e	s	.	c	o	m



3. NAME OF ENTERPRISE *MLS*

T	E	C	H	N	O	C	R	A	R	T	E	N	G	I	N	E	E	R	S

4. LOCATION OF ENTERPRISE

*B-19, MIDC PLATTED FACTORY
Wagle Indl. Estate TAL DIST
THANE (West)*

(i) LOCATION

(ii) ~~VILLAGE~~/TOWN

T	H	A	N	E															

CODE

4	2	1	3	2	0	0
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(iii) TEHSIL/TALUK/
MANDAL

T	H	A	N	E															
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CODE

						2
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(iv) DISTRICT

T	H	A	N	E															
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CODE

0	0	2	1
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(v) STATE

M	A	H	A	R	A	S	T	R	A										
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CODE

0	0	2	7
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(vi) PIN CODE

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(vii) AREA (RURAL-1, URBAN-2)

2

5. CATEGORY OF ENTERPRISE
(MICRO -1, SMALL -2, MEDIUM -3)

1

6. NATURE OF ACTIVITY [Tick Appropriate Boxes]

(i) MANUFACTURE

(ii) SERVICE

7. NATURE OF OPERATION 1

(Perennial-1, Seasonal-2, Casual-3)

8. WHETHER THE UNIT IS AN ANCILLARY 2

(Yes-1, No-2)

9. MONTH OF INSTALLATION OF PLANT AND MACHINERY

MMYYYY
052005

10. WHETHER THE UNIT IS REGISTERED UNDER FACTORY ACT 3

(Under Section 2m(i)/2m(ii)-1, 85)I)85(ii)-2, not registered -3)

11. TYPE OF ORGANIZATION 1

[PROPRIETARY -1, HINDU UNDIVIDED FAMILY -2, PARTNERSHIP -3, CO-OPERATIVE-4, PRIVATE LIMITED COMPANY -5, PUBLIC LIMITED COMPANY -6, SELF HELP GROUP-7, OTHERS-8]

12. (a) MAIN MANUFACTURING/SERVICE ACTIVITY

NAME MFG OF GEAR BOXES

CODE (NIC98*) 29131

(b) PRODUCTS TO BE MANUFACTURED/ SERVICE TO BE PROVIDED

(i) NAME GENERAL UNITS SPECIAL

PURPOSE GEAR BOXES

CODE (ASICC 2000*) 95083

SPECIAL PURPOSE MACHINES

(ii) NAME ~~HELICAL GEAR BOXES~~

CODE (ASICC2000*) ~~95083~~

Handwritten signature

(iii) NAME

W	O	R	M		G	E	A	R		B	O	X	E	S					
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CODE (ASICC2000*)

7	5	0	8	3
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(iv) NAME

A	M	U	S	E	M	E	N	T		P	A	R	K		E	Q	U	I	P
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CODE (ASICC2000*)

--	--	--	--	--

(v) NAME

M	E	N	T		D	E	S	I	G	N		&		F	A	B	R	I	C	A		T	I	O	N
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CODE (ASICC2000*)

9	6	8	1	8
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(* Codes for activities and products/services as per classification specified from time to time by the Development Commissioner (Small Scale Industries), Government of India to be filled in by the District Industries Centre or the office where the Entrepreneurs' Memorandum is submitted.
(ADD ADDITIONAL SHEET FOR MORE PRODUCTS)

13. (a) INVESTMENT IN FIXED ASSETS [Rupees in lakh]

(i) LAND (OWNED -01/ RENTED-02/ LEASED-03)

0	3
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VALUE*

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(ii) BUILDING (OWNED-01/RENTED-02/LEASED-03)

0	3
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VALUE*

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(iii) PLANT AND MACHINERY
(In case of manufacturing unit)

VALUE*

			7
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(iv) EQUIPMENTS
(In case of servicing unit)

VALUE*

			3
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 .5

(v) FOREIGN EQUITY, IF ANY

VALUE*

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[* The value in the boxes should be filled in from the right side, e.g., if the value is Rupees 10 lakhs it should be written as

		1	0
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 This will also apply to all other items (rows) where quantity, number, etc., to be given.]

14. INSTALLED CAPACITY PER ANNUM

QTY UNIT

(i) PLANT A

PRODUCT GEAR BOX

8	4	0	0
---	---	---	---

N	U	M	B	E	R
---	---	---	---	---	---

PRODUCT _____

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PRODUCT _____

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PRODUCT _____

--	--	--	--

(i) PLANT B

PRODUCT _____

--	--	--	--

--	--	--	--

PRODUCT _____

--	--	--	--

PRODUCT _____

--	--	--	--	--	--

PRODUCT _____

--	--	--	--	--	--

15. POWER LOAD H.P./K.W.

				1	5
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16. (a) (i) OTHER SOURCE OF ENERGY / POWER

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[IF REQUIRED]

(NO POWER NEEDED -1, COAL 2, OIL -3, LIQUID PETROLIUM GAS-4, ELECTRICITY FROM GRID -5, GENERATOR-6, NON- CONVENTIONAL ENERY-7, TRADITIONA ENERGY/FIREWOOD -8)

(ii) If no power required, specify reasons.,

(b) INDICATE ANNUAL REQUIRMENT

SOURCE OF ENERGY

QTY

UNITS

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17. EMPLOYMENT

MALE

FEMALE

(Nos.)

(Nos.)

(i) MANAGEMENT AND OFFICE STAFF

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		3
--	--	---

(ii) SUPERVISORY

		1
--	--	---

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(iii) WORKERS

		9
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18. TCTAL ANNUAL TURNOVER (In Rupees)

(If less than one year of operation, then expected turnover)

		7	2	0	0	0	0	0
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19. EXPORT (If any) (In Rupees)

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20. ENTREPRENEURS' PROFILE (OF ALL PARTNERS/DIRECTORS OF THE ORGANISATION - USE SEPARATE SHEETS, IF NEEDED)

(a) NAME

R	A	V	I	N	D	R	A	P	R	A	B	H	A	R	A
S	H	B	M	B	E	K	A	R							

(i) MALE (M)/FEMALE (F)

M

(ii) SC (1) / ST (2) / OBC (3) / OTHERS (4)
PHYSICALLY CHALLENGED (5)

4

(iii) KNOWLEDGE LEVEL

[TECHNICAL GRADUATE-1, MANAGEMENT GRADUTE-2, POST GRADUATE-3, OTHER GRADUATE-4, UNDERGRADUATE-5, ANY OTHER LOWER -6]

1

(iv) EQUITY PARTICIPATION (in Rupees)

1 0 5 0 0 0 0

(in percentage of total equity)

1 0 0

(v) STAKE IN OTHER MANUFACTURING ENTERPRISES [Y/N]

N

[ADD ADDITIONAL SHEET, IF NEEDED]



21. DATE OF COMMENCEMENT OF PRODUCTION / ACTIVITY

D D M M Y Y Y Y
0 6 0 7 2 0 0 5

DATE :

PLACE :

For TECHNOCRAFT ENGINEERS

(Signature)

(Signature)

Proprietor

[SIGNATURE OF THE APPLICANT / AUTHORISED PERSON]

(Shri. Prabhakar Ravindra Shembekar)

NAME OF THE PROPRIETOR/PARTNER/MANAGING DIRECTOR

(a) Enclose a self-certified copy of Power of Attorney/Board Resolution/Society Resolution wherever applicable, while signing as Partner/Managing Director or Authorised Person.

(b) Enclose a certified/notarized copy of the Partnership Deed/Memorandum of association/Articles of Association in case of Medium Enterprises.

UNDERTAKING

8665

“This is to certify that the information furnished in the memorandum in Form No. is true and correct to the best of my knowledge and belief. I/we have obtained approval/permit from the concerned ministry/Department of Central Government/State Government/UT Administration as per statutory requirement.”

DATE :

PLACE :

For TECHNOCRAFT ENGINEERS

(Signature)

(Signature)

Proprietor

[SIGNATURE & STAMP OF APPLICANT]