FORM-I

[See clause 15.5.1]

Application for Determination of Cost of zero liquid discharge based effluent treatment plant and claim of capital subsidy

1	Name of the Enterprise			
2	Address of the enterprise:			
	E-mail address:			
3	Constitution of the Enterprise		Parti	rietorship / nership / Company ety / others
	(Please attach the relevant document)			
4	Whether Board of Directors (in case of a company) has passed resolutions to authorize undersigned to do everything necessary for exemption (if yes, attach copies)			
5	Registration number (GSTIN)			
	TIN			
6	Location of enterprise for which Capital Subsidy is claimed			
7	Location of zero liquid discharge based effluent treatment plant			
8	Whether the project is New or Expansion of existing enterprises			
9	Date of commencement of commercial production/ operation			
10	For the units going under Expansion			
	(a) Investment in Existing Unit		Rs (In lakh)	
	(b) Investment made under Expansion		Rs (In lakh)	
	(c) Increase in Investment			%
11	Details of Cost of Project & Actual investment for new Unit / Expansion of an existing enterprise:(please attach CA Certificate.) (Rs. in Lakl			
		PROJECTED)	ACTUAL
	(a) Land:			
	(b) Building:			
	(c) Plant & Machinery/ Equipments:			
	(d) Machinery for effluent treatment plant:			
	(e) Others: (specify if any)			
	TOTAL:			
	TOTAL			
12	(a) Whether any Subsidy benefits under RIPS-2003 / RIP applied or availed	PS-2010/ RIPS-2	2014	Yes/No
12	(a) Whether any Subsidy benefits under RIPS-2003 / RIP	PS-2010/ RIPS-2	2014	Yes/No