

FORM NO. 19

Application for notification of a semiconductor wafer fabrication manufacturing unit as specified business under section 46 of the Act

Particulars of the assessee			
1.	Name	<i>(refer Note 1)</i>	
2.	Address	<i>(refer Note 2)</i>	
3.	Permanent Account Number		
4.	Status	<i>(refer Note 3)</i>	
5.	Residential Status	<i>(refer Note 4)</i>	
6.	Email id		
7.	Contact number	Country Code	Number
Particulars of the specified business			
8.	Name	<i>(refer Note 1)</i>	
9.	Address	<i>(refer Note 2)</i>	
10(a).	Name of the unit (if any)	<i>(refer Note 1)</i>	
10(b).	Complete address of unit	<i>(refer Note 2)</i>	
Details of proposed unit			
11.	Location		
12.	Whether operations of the unit have commenced	<i>(Yes/No)</i>	
12(a).	If yes, actual date of commencement of operations of unit	<i>(dd/mm/yyyy)</i>	
12(b).	If no, expected date of commencement of operations of unit	<i>(dd/mm/yyyy)</i>	
Fulfilment of conditions			
13.	Whether each of the following conditions mentioned in rule 36(6) is fulfilled		
13(a).	the unit is exclusively for the manufacture of semiconductor wafer fabrications.	<i>Yes/No</i>	
13(b).	the unit has been approved by the competent authority on the recommendations of the Appraisal Committee under the Modified Special Incentive Package Scheme of the Department of Electronics and Information Technology, Ministry of Communications and Information Technology, Government of India	<i>Yes/No</i>	
13(c).	the date of commencement of operations of the project is on or after the 1st day of April 2014;	<i>Yes/No</i>	
13(d).	all the manufacturing facilities of the unit are located in India;	<i>Yes/No</i>	
14.	If answer to 13 (b) above is 'yes', then		
	(a) Date of approval under the Modified Special Incentive Package Scheme of the Department of Electronics and Information Technology;	(a) <i>(dd/mm/yyyy)</i>	
	(b) Order No of such approval	(b)	

DECLARATION

I having Permanent Account Number hereby undertake to continue to operate the unit during the period in accordance with the provisions of section 46 of the Act.

I hereby certify that the above statements are true and correct to the best of my knowledge and belief.

Place:

Signature of the Applicant

Date:

Name:

Designation:

Notes:

1. In case of individual, the first, middle and last name shall be provided in full without any abbreviations with the appropriate title (Mr./Mrs./Ms.). In any other case also, name shall be provided in full.
2. The address shall contain i. Country/Region, ii. Flat/Door/Building, iii. Road/Street/Block/Sector, iv. PIN/ZIP Code, v. Post Office, vi. Area/locality, vii. District, viii. State.
3. Fill 'person' status as (i) Individual (ii) Hindu undivided family (iii) Company (iv) Firm (v) Association of persons, whether incorporated or not (vi) Body of individuals, whether incorporated or not (vii) Local Authority (viii) Artificial Juridical Person (ix) Government (x) Trust
4. Fill 'residential status' as (i) Resident (ii) Non-resident (iii) Resident but not ordinarily resident.
5. Some of the information in the form would be pre-filled to the extent possible.
6. Amounts to be filled in ₹ unless otherwise provide