



# GOVERNMENT OF RAJASTHAN

District Industries Centre, Jaipur (Urban)

MICRO

## ACKNOWLEDGEMENT

Part-II

1. M/S. LEVIS HEALTHCARE HAS FILED MEMORANDUM FOR A MANUFACTURING/SERVICE ENTERPRISE AT THE ADDRESS PLOT NO. 275, OPPOSITE ROAD NO. 5, VKI AREA, JAIPUR FOR THE ITEM/ITEMS INDICATED BELOW AS PER THE FACTS STATED IN FORM NO. 7179 AND ALLOCATED ENTREPRENEURS' MEMORANDUM NO. AS BELOW:

2. DETAILS OF ITEM/ITEMS TO BE MANUFACTURING/SERVICE TO BE PROVIDED.

Sr. No.	Item of Manufacture/ type of service to be rendered	Capacity in case of manufacture	Initial date of production/ commencement of service
1	CATTLE FEED	98700 Ltr.	01-04-2010

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

Sr. No.	Investment in Plant and Machinery/Equipments	Date of Investment
1	Rs. 02,65,000/-	05-02-10 TO 27-09-10

4. NOTE: THE ISSUE OF THIS ACKNOWLEDGEMENT DOES NOT BESTOW ANY LEGAL RIGHT. THE ENTERPRISE IS REQUIRED TO SEEK REQUISITE CLEARANCE/LICENSE/PERMIT REQUIRED UNDER STATUTORY OBLIGATION STIPULATED UNDER THE LAWS OF CENTRAL GOVERNMENT/STATE GOVERNMENT/UT ADMINISTRATION/ COURT ORDERS.

5. DATE OF CHANGE OF CATEGORY FROM MICRO/SMALL TO SMALL/MEDIUM OF VICE VERSA.

D	D	M	M	Y	Y	Y	Y
-	-	-	-	-	-	-	-

6. DATE OF ISSUE

D	D	M	M	Y	Y	Y	Y
1	1	0	7	2	0	1	1

7. NATURE OF ACTIVITY

(MANUFACTURING-1, SERVICES-2)

1

8. CATEGORY OF ENTERPRISE

(MICRO-1, SMALL-2, MEDIUM-3)

1

9. ENTREPRENEURS MEMORANDUM NO.

0 8

0 1 2

1 1

0 7 1 7 9

PART-II

Date: 11/07/2011

Place: Jaipur

For LEVIS HEALTHCARE

Proprietor

Signature  
OFFICE SEAL  
जायपुर शहर

(6) NATURE OF ACTIVITY ( Tick in appropriate box(s) )

(i). MANUFACTURE

(ii). SERVICE

(7) NATURE OF OPERATION

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

 1

(8) WHETHER THE UNIT IS AN ANCILLARY

(yes -1, No-2 )

 2

(9) MONTH OF INSTALLATION OF PLANT & MACHINERY

M M Y Y Y Y

0	4	2	0	1	0
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(10) WHETHER THE UNIT IS REGISTERED UNDER FACTORY ACT

(under section 2m(i)/2m(ii)-1,85(i)/85(ii)-2,not registered -3)

 3

(11) TYPE OF ORGANIZATION

(PROPRIETARY-1,HINDU UNDIVIDED FAMILY-2,PARTNERSHIP-3

CO-OPERATIVE -4,PRIVATE LIMITED COMPANY-5,PUBLIC LIMITED COMPANY-6

SELFHELP GROOUP-7, OTHERS-8)

 1

(12) (a) MAIN MANUFACTURING / SERVICE ACTIVITY

NAME

C	A	T	T	L	E	F	E	E	D										
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CODE (NIC 98\*)

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

(i) NAME

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CODE (ASICC2000\*)

(ii) NAME

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CODE (ASICC2000\*)



*Handwritten signature and text:*  
प्रोग्रामक  
GAM

(iii)NAME

Grid for name entry

CODE (ASICCC2000\*)

Grid for code entry

(iv)NAME

Grid for name entry

CODE (ASICCC2000\*)

Grid for code entry

(v)NAME

Grid for name entry

CODE (ASICCC2000\*)

Grid for code entry

(\* Codes for activities and product /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 ASSTET ( Rupees in lakh )

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

0 2

VALUE \*

Grid for value entry

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

0 2

VALUE \*

Grid for value entry

(iii) PLANT AND MACHINERY (In case of manufacturing enterprises.)

VALUE \*

0 9 . 6 5

(iv) EQUIPMENT (In case of servicing unit)

VALUE \*

Grid for value entry

(v) FOREIGN EQUITY IF ANY

VALUE \*

Grid for value entry

(\* 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 This will also apply to all other items (rows) where quantity ,number etc., to be given.)

(14) INSTALLED CAPACITY PER ANNUM

(i). PLANTA PRODUCT ... CATTLEFEED ...

9 8 7 0 0 QTY UNIT LTR

PRODUCT .....

Grid for product entry

PRODUCT .....

Grid for product entry

PRODUCT .....

Grid for product entry



For LEVIS HEALTHC...

Proprietor (N.K. GAMI)

(ii) **PLANT B**  
 PRODUCT .....

PRODUCT .....

PRODUCT .....

PRODUCT .....

QTY		UNIT	
QTY		UNIT	
QTY		UNIT	
QTY		UNIT	

(15) **POWERLOAD**

HP/K.W.

				0	6
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(16) (a) (i) **OTHER SOURCE OF ENERGY / POWER (IF REQUIRED)**

-	-	-	5
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(NO POWER NEEDED -1, COAL-2, OIL-3, LIQUID PETROLIUM GAS-4  
 ELECTIRICITY FROM GRID-5, ELECTIRICITY FROM GENERATOR-6, NON  
 CONVENTIONAL ENERGY-7, TRADITIONAL ENERGY/FIRE WOOD -8)

(ii) If no power required, specify reasons ;

(b) INDICATE ANNUAL REQUIRMENT  
 SOURCE OF ENERGY

*Electricity By Grid.*

QTY		UNIT	
		3	600

(17) **EMPLOYMENT**

(i) MANAGEMENT AND OFFICE STAFF

MALE  
(Nos.)

FEMALE  
(Nos.)

0	0	1
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(ii) SUPERVISORY

0	0	1
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(iii) WORKERS

0	0	4
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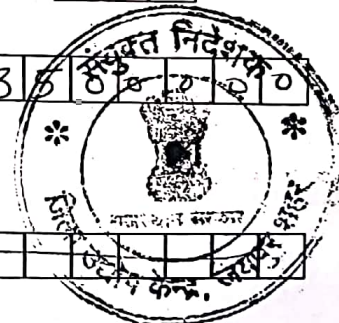
(18) **TOTAL ANNUAL TURNOVER (In rupees)**

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

		3	5	0	0	0	0
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(19) **EXPORT (If any) (In Rupees)**

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For LEVIS HEALTH

Proprietor

N. C. GATE

(20) **ENTREPRENEUR'S PROFILE ( OF ALL PARTNERS/ DIRECTORS OF THE ORGANISATION USE SEPARATE SHEET IF NEEDED)**

(a) NAME

N	A	R	E	N	D	E	R			
K	U	M	A	R	G	A	R	G		

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

M

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

4

(iii) KNOWLEDGE LEVEL  
(TECHINICAL GRADUATE-1/MANAGEMENT GRADUATE-2  
POST GRADUATE-3/OTHER GRADUATE-4, UNDER GRADUATE-5,  
ANY OTHER LOWER-6)

1

(iv) EQUITY PARTICIPATION (In rupees )

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(Percentage of total equity)

100%

(v) STAKE IN OTHER MANUFACTURING ENTERPRISES  
(Yes-1, No-2)  
(ADD ADDITIONAL SHEET IF NEEDED)

2

(21) DATE OF COMMENCEMENT OF PRODUCTION ACTIVITY

For LEVIS HEALTHC

D D M M Y Y Y Y

0	1	0	4	2	0	1	0
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DATE  
PLACE

Proprietor

(SIGNATURE OF THE APPLICANT/ AUTHORISED PERSON )

NAME OF THE PROPRIETOR/PARTNER/AUTHORISED DIRECTOR

Enclose a self certified copy of Power of attorney / Board of resolution/ Society resolution , wherever applicable while signing as Partner/ Managing Director or Authorised person .

(b) Enclose a certified or Notarized copy of the partnership Deed / Memorandum of Association / Articles of association in case of medium enterprises.

**Undertaking**

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 / consent/ Permit/ from then concerned Ministry/ Department of central government/ State government /UT administration as per statutory requirements.

For LEVIS HEALTHC



(SIGNATURE OF THE APPLICANT/ AUTHORISED PERSON )

Proprietor

# LEVIS HEALTHCARE

Manufactured Quality Cattle Feed Products

P.No. 275, Shiv Vihar, Opp. Raod No.5, VKI, Murlipura, Jaipur

Ph.: 0141-2175296, Fax No.: 0141-2366870

Email: levishealthcare@gmail.com

f. No.

Dated.....

## Details Of Machinery

S.No.	Name of Machinery	Date of purchase	Cost of Machinery
1	D-M Plant Capacity 200Ltr P/H	05.02.2010	67500.00
2	Stirer with 3 HP Motor	05.02.2010	58000.00
3	Mixer With Gear System & 3 HP Motor	05.02.2010	38300.00
4	Filling Machine	22.02.2010	44700.00
5	Steel Drum 350 Ltr	22.02.2010	15000.00
6	Computer With Printer	27.09.2010	26500.00
7	Equipmens PH Mtr. - TDS Mtr. Etc.	27.09.2010	15000.00

Total Cost of Machinery & Equipments = 265000.00

For LEVIS HEALTHCARE

Proprietor