

**BUREAU OF INDIAN STANDARDS**  
**APPLICATION FORM FOR EXRESSION OF INTEREST**  
**FOR SETTING UP GOLD ASSAYING/HALLMARKING CENTRE**  
**UNDER THE CENTRAL ASSISTANCE SCHEME**

1. **Location at which the applicant wish to set up A&HM Centre** :
2. **Applicants name and complete address** :
  - 2.1 Name of the Chief Executive with designation :
  - 2.1.1 Name of the Deputy with designation :
    - Telephone No :
    - FAX No :
    - E-mail No :
3. **Organizations Name and Complete Address** :  
(If different from 2)
4. **Details of Organization & Promoters**
  - 4.1 Govt / Semi Govt. :
  - 4.2 Proprietorship / Partnership / Pvt.Ltd. / Public Ltd.(Attach Documentary Evidence) :
    - 4.2.1 Registration No. of above with date :
  - 4.3 Name of the Chief Promoter and his complete address
  - 4.4 Names and addresses of the Promoters/ Shareholders/Directors having more than10% ownership/shares :
  - 4.5 Previous experience if any, of any of the above persons owning more than 10% shares/ownership in jewellery business :
  - 4.6 Does organization/any of the promoters have sales tax registration in jewellery manufacture / trade, if yes, details thereof. :
  - 4.7 Name of the promoter/person standing guarantee for bank loan, if any, for this unit :
  - 4.8 Detailed Audited Annual Reports of last :

3 years (enclose)

4.9 Details of Bankers with A/c/Credit worthiness :  
with Banks

4.10 PAN No. .... :

4.11 Sales Tax Regn. No..... :

4.12 Service Tax No... :

4.13 Had you ever applied to BIS for licence for :  
Hallmarking of Jewellery

If yes, Give details :

Present Position

**5. Application Cum Processing Fee** : Rs. One Thousand only+ ST  
( Details of DD as per

Appendix A)

**Declaration**

I/We do hereby agree to the terms and conditions of setting up an A&HMC as per criteria/norms and guidelines and shall utilize the Financial Assistance, if any availed, solely for the purpose for which it is provided within the parameters for the same.

I/We shall abide by the BIS Criteria for Recognition and operation of Assaying & Hallmarking Centres.

Signature

\_\_\_\_\_

Name

\_\_\_\_\_

Place : \_\_\_\_\_

Designation

\_\_\_\_\_

Date : \_\_\_\_\_

Address Seal

\_\_\_\_\_

Independent Witnesses:

1) Signature \_\_\_\_\_

2) Signature

\_\_\_\_\_  
Name \_\_\_\_\_

Name

\_\_\_\_\_  
Address \_\_\_\_\_

Address \_\_\_\_\_