

**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.

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

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

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Address Seal \_\_\_\_\_

Independent Witnesses:

1) Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_

2) Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_