

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 id :

- 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 GST No (if available)... :

4.12 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+ GST (18%)
(Details of DD as per Appendix A)

Declaration

I/We do hereby agree to the terms and conditions of setting up an A&H Centre 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 _____