

**Scheme of Assistance for  
Gujarat State Biotechnology  
(BT) Policy 2022-27**

Government of Gujarat  
Department of Science & Technology  
Government Resolution No: BTP/072022/446/BT  
Sachivalaya, Gandhinagar  
Dated: 10th August, 2022

Read: 1. GR of DST dated 15<sup>th</sup> February, 2022, No.: BTP/022022/446/BT

## **1 Preamble**

Government of Gujarat had announced 'Gujarat State Biotechnology Policy (2022-27)' (referred hereinafter as the 'Biotechnology Policy' or 'BT Policy' or 'this Policy'), to encourage investments in the Biotechnology sector in the State. The procedures as well as necessary approval mechanisms to operationalize the 'Biotechnology Policy 2022-27' are elaborated in this 'Implementation Guidelines'.

## **2 Resolution**

In view of the Vision, Mission, Objectives, Targets, and incentives outlined under Biotechnology Policy, the Government of Gujarat is pleased to introduce 'Implementation Guidelines for Gujarat State Biotechnology (BT) Policy 2022-27' which will come into force from the date of issuance of this Government Resolution (GR) and will remain in operation till the operative period of the Biotechnology Policy.

## **3 Definitions**

Definitions under Gujarat State Biotechnology (BT) Policy 2022-27, Government Resolution No.: BTP/022022/446/BT dated 15 February 2022 shall be applicable.

### **3.1 New Biotechnology (BT) Unit**

Entity which has been incorporated for manufacturing of BT products or delivery of BT services on or after the date of announcement of this Policy, anywhere in Gujarat.

Notwithstanding the definition of Existing BT Unit, a BT Unit which has been incorporated for manufacturing of BT products or delivery of BT services in not more than 12 months prior to the date of announcement of BT Policy 2022-27 anywhere in Gujarat.

An existing BT unit, making a separate investment in an independent identifiable location within the State, not amounting to any relocation of its plants or other assets from anywhere within the State, shall be considered as New Biotechnology (BT) Unit.

An existing unit from outside of the State, making a separate investment in the State, shall also be considered as New Biotechnology (BT) Unit.

### **3.2 Financial Institution**

The financial institutions recognized by the Reserve Bank of India, subject to applicability of revisions/ corrigendum/ amendments as notified from time to time by Reserve Bank of India.

### **3.3 Term Loan**

Term loan means loan sanctioned by the financial institution/ Bank (Except NBFC) for the acquisition of GFCI of the unit. However, only the amount disbursed, not exceeding the GFCI as defined in this Policy, against the sanctioned term loan, will be considered for the incentives under the scheme.

### **3.4 Commercial Operations Date**

The first bill of sale by an entity or first date of contract of services and as appended in point 10.3 hereinafter.

### **3.5 Operational Assistance Period**

Operational Assistance Period shall mean a duration of five (5) years period starting from Commercial Operations Date.

### **3.6 Beneficiary**

Beneficiary shall mean an entity that has submitted acceptance on 'Approval for Assistance' including the Conditions in Clause 13 of Implementation Guidelines, to the Competent Authority.

### **3.7 Diversification**

Notwithstanding the definition of Expansion/ Diversification, Diversification shall mean an investment made in GFCI for a Biotechnology product/ service other than earlier product(s)/ services of the entity.

### **3.8 Contract Research Organizations (CROs)**

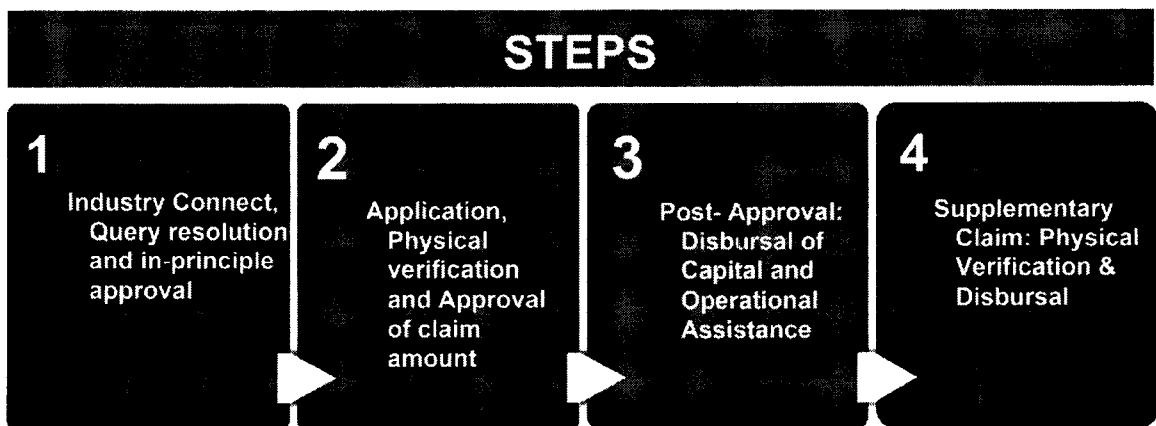
CROs are firms/ vendors that undertake contractual tasks of more precise and/ or focused R&D/ Testing functions for the biotechnology industry.

## **4 Eligibility Criteria/ Conditions**

4.1 An applicant shall be considered eligible for availing assistance under this Policy for a period of 5 years from the date of commencement of its commercial operations, provided it complies to the criteria defined vide Para 5.12, Conditions vide Para 9 (point no.3 to7) of BT Policy 2022-27, subject to submission of valid application in

prescribed format, during the operative period of policy (i.e. on or before 31.03.2027).

- 4.2 Existing Biotechnology Units undertaking Expansion, and/ or Existing Units undertaking diversification shall be considered eligible for incentives under this Policy, subject to fulfilment of the following criteria:
  - 4.2.1 Actual expansion activities shall amount to at least 10% or more in terms of installed or service capacity. Installed or service capacity as of the date of its board approval for undertaking expansion shall be considered as baseline installed or service capacity for establishing percentage of expansion under the project.
  - 4.2.2 Maintain separate Book of Accounts for availing incentives under this policy.
  - 4.2.3 Expenditure incurred must be distinct and in an independent identifiable location within the State, not amounting to any relocation of its plants or other assets from anywhere within the State.
- 4.3 BT Units with date of incorporation or date of commencement of commercial production, (a) falling within the operative period of the policy; (b) falling within 12 months preceding the date of announcement of BT Policy 2022-27, shall be considered eligible for incentives under this policy.
- 4.4 Existing BT Units undertaking Expansion and/or Existing Units undertaking Diversification with date of approval of the Board for undertaking Expansion/ Diversification, (a) falling within the operative period of the policy; (b) falling within 12 months preceding the date of announcement of this Policy, shall be considered eligible for incentives under this policy.
- 4.5 All beneficiaries under this Policy, will also get benefit for one-time expansion during the operative period of this Policy, if they so undertake.



## **5 Industry Connect Platform and Query Resolution**

- 5.1 Industry Connect (IC) Platform shall be developed as an online platform to facilitate applicants of the Biotechnology Policy, apart from connecting all stakeholders of Biotechnology sector including Individuals, Companies, and Institutes.
- 5.2 Applicants can seek clarifications regarding their eligibility, etc. apart from filling up information in prescribed format (Annexure 1A) on the online IC Platform.
- 5.3 The Nodal Agency shall clarify, and if the need be, seek additional information/ documents from the applicant; and/ or seek recommendations of the Technical Advisory Committee [TAC].
- 5.4 If the same applicant, having commenced commercial production, wishes to become a beneficiary under BT Policy 2022-27, the applicant may apply in prescribed formats viz. Annexure 2A, 2B, 2C & 2D through online platform, where the already uploaded information on IC Platform shall get auto populated.

## **6 Procedure for request for In-principle approval**

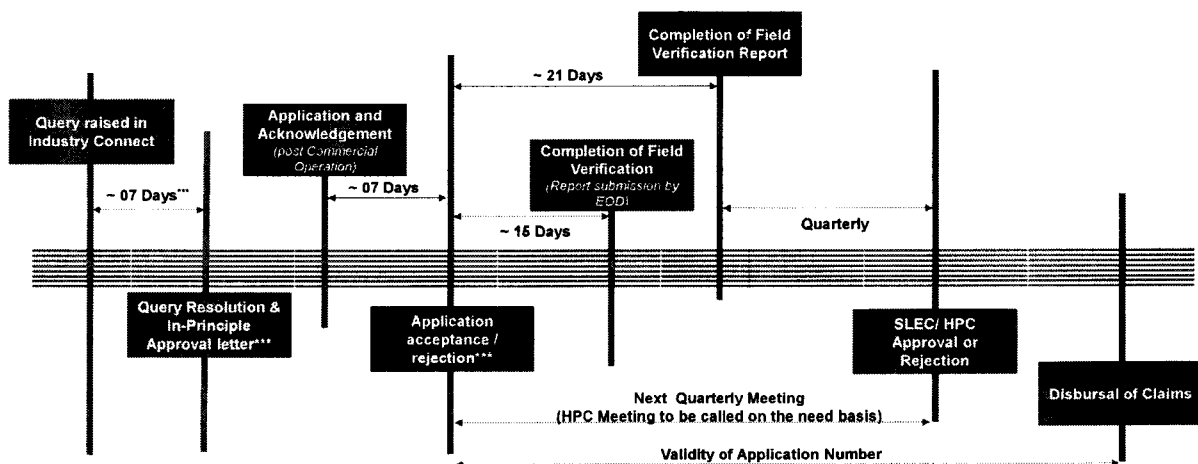
- 6.1 Post successful submission of industry connect module, applicant can submit the request for In-principle approval in the form of Annexure 1B through online portal.
- 6.2 Applicant shall have to submit the requisite supporting documents as mentioned in Annexure 1B or being called upon from the nodal agency, if any, during the course of the scrutiny of their request.
- 6.3 Nodal agency shall target to issue the In-principle approval within seven (7) days from receipt of request from applicant, subject to necessary compliance in all respect.
- 6.4 Nodal agency, if found desirous, may refer any case/s to Technical Advisory Committee [TAC], during the course of scrutiny. In such case, the In-principle approval from Nodal agency shall be subject to recommendation of TAC. In such scenario, timeline for issuance of In-principle approvals shall vary.

## **7 Procedure for Application, issue of Application number, Verification and Approval**

- 7.1 Upon successful commercialization, Applicant may submit Application in the format prescribed vide Annexure 2A, 2B, 2C and 2D, including uploading documents.
- 7.2 The Nodal Agency shall scrutinize the application and documents submitted by the applicant, raise queries (that are expected to be resolved by the applicant) and

provide an Application Number upon successful resolution of all queries within 7 days; or may reject the Application. The Application Number shall remain unchanged through-out the application process.

- 7.3 The details of eligible and in-eligible components are annexed herewith in Annexure 5.
- 7.4 Application shall include Capital Assistance Claim vide Annexure 2A, 2B and 2D and may raise Operational Claims vide Annexure 2C on periodic basis, upon incurring actual operating expenses for eligible items.
- 7.5 The application shall include details regarding Claim towards Capital Expenses incurred (in 24 months prior to date of Commercialization), as well as the same projected (within 12 months from the date of Commercialization) in the form of Projected Supplementary (Capital) Claim and projected Operational expenditure for entire Operational Assistance Period vide Annexure 2B.
- 7.6 The Nodal Agency shall undertake Physical Verification of Assets through its designated team (within 15 days) and put up the case before the Committee in its ensuing meeting, for its approval. Entity may be called for a presentation before the Committee.
- 7.7 The Committee shall record its decision towards approval of assistance that shall be communicated to the Applicant vide Annexure 3 or reject the application citing reasons.
- 7.8 It will be endeavoured to schedule meeting of the Committee leading to decision within 90 days of Reporting of Verification of Physical Assets.



Note: The timeliness are subject to compliances by applicant from time to time

\*\*\* for TAC referred cases (~30 days)

## 8 Submission of Claims, Verification and Disbursal of Claims

- 8.1 Since the entities would have necessarily undertaken commercialization before application and the same would be approved by the Committee; Capital Assistance shall be disbursed in Twenty (20) Quarterly instalments, upon the applicant complying with periodic submissions (of Progress Reports, Certificates, etc. as prescribed) mandated.
- 8.2 The Entity may apply only once, towards the Supplementary Capital Claim (Capital Expenses borne within 12 months from Commercial Operations Date) in a format prescribed (Annexure 4).
- 8.3 The total amount claimed under Supplementary Capital Claim shall not exceed 10% of the amount approved towards Capital Claim.
- 8.4 The nodal agency shall undertake scrutiny of claims including physical verification of the assets, claimed towards the Supplementary Capital Claim; and may approve the disbursement of the claims in the remaining quarterly instalments; if the findings are in concurrence to the approvals accorded.
- 8.5 The Operational Assistance and Other Assistances shall be considered for a period of 5 Years from Commercial Operations Date and the Beneficiary may claim Operational and/ or Other Assistances on quarterly, half-yearly or annual basis.
- 8.6 Bills/ payment receipts spread across fiscal quarter/ fiscal half year/ fiscal year shall be submitted in the respective application.
- 8.7 Only amount paid by the beneficiary directly to EPFO and in compliance with EPFO Notification No. C-I/011(16)2020-21/ABRY/1179 and applicable amendments thereon, shall be considered eligible for EPF Assistance.

## 9 Schedule of Disbursement

	<b>Assistance Type</b>	<b>Disbursement Schedule</b>
1	Capital Assistance- Application	On approval of Application by the Committee Twenty(20) Quarterly instalments starting with subsequent Quarter of the financial year spread over operational assistance period, subject to fulfilment of applicable terms and conditions
2	Capital Assistance – Supplementary Capital Claim	Total eligible assistance under Supplementary Capital Claim shall be spread across all remaining quarterly instalments of the Capital Assistance approved under the Application
3	Operational Assistance	On approval of Application by the Committee

4	Employment Generation Incentive	Beneficiary shall choose any one option amongst quarterly or half-yearly or annual Operational Assistance Claim, which shall be applicable for the duration of 5 years from Commercial Operations Date.
5	Employee Provident Fund (EPF) Assistance	
6	Interest Subsidy on Term Loan	
7	Electricity Duty	

## 10 General Instructions for Claim of Incentives under this Policy

- 10.1 The incentives under Biotechnology Policy 2022-27 shall be admitted on reimbursement basis and hence, shall need documentary evidence towards payment/ transactions in the name of the Entity and have a valid GSTIN.
- 10.2 Designated/ Authorized representative who has signed the application shall represent the entity in all matters related to application, communications, clarifications, claims, etc. with the Nodal Agency. Designated/ Authorized representative may also appoint an individual for liaison with the Nodal Agency through written communication by submitting Power of Attorney (POA). In case of any change in the authorized representative, the entity needs to notify the department by submitting the revised POA.
- 10.3 Date of first invoice or date of commencement of services as per the agreement executed between Entity & Client/ Customer/ Business, shall be considered as the Commercial Operations Date.
- 10.4 Cost considered under eligible capital/ operational/ other expenditure shall include all applicable taxes paid/ incurred.
- 10.5 Department may withhold disbursements due to non-availability of funds/ budget or any other unforeseen circumstances for any given period. In such event, department may disburse cumulative amount from such withheld instalment(s) with the subsequent instalment(s).

## 11 Committee for Approvals

Special Projects, Mega Projects, and Ecosystem Strengthening Projects shall be approved by a High-Powered Committee [HPC] chaired by the Chief Secretary. Rest other projects shall be approved by the State-Level Empowered Committee [SLEC], chaired by ACS/ PS/ Secretary, Dept. of Science & Technology. State-Level Empowered Committee [SLEC] shall be convened tentatively, once every quarter and High-Powered Committee [HPC] shall be convened on need basis or as decided by the Chairperson.

## **12 Competent Authority**

12.1 For undertaking procedures & processes for grant of approval and disbursement of assistance, the Mission Director, GSBTM will be the Competent Authority and will act emulating single window clearance mechanism for the benefits under this Scheme.

## **13 Conditions**

13.1 Any applicant will have the option of availing of incentives either under this Biotechnology Policy 2022-2027 or the Industrial Policy 2020 of Government of Gujarat. However, applicant will be entitled to any or all eligible incentives under any one Policy of the State Government.

13.2 The applicants who wish to avail benefits under BT Policy 2022-27 shall submit their application as per Annexure 2A, 2B, 2C & 2D within the operative period of Policy (on or before 31<sup>st</sup> March 2027) in order to be eligible for availing assistance.

## **14 Interpretation**

Any interpretation or clarification under the scheme will be decided by the Department of Science and Technology and decision thereof would be final and binding to all.

## **15 Power to amend the scheme document**

Notwithstanding anything contained in the foregoing paras, the Government holds right to review and amend various aspects of the scheme document from time to time.

## **16 Budgetary Provision**

The expenditure on this account shall be made from the grants under the following budget head: "Major Head: 3425 – Sub Major Head: 60 – Minor Head: 004 – Sub Head: 01 – Item No (8) Biotechnology Policy Incentive".

This order is issued with the concurrence of Finance Department vide its note on this department's file of even number.

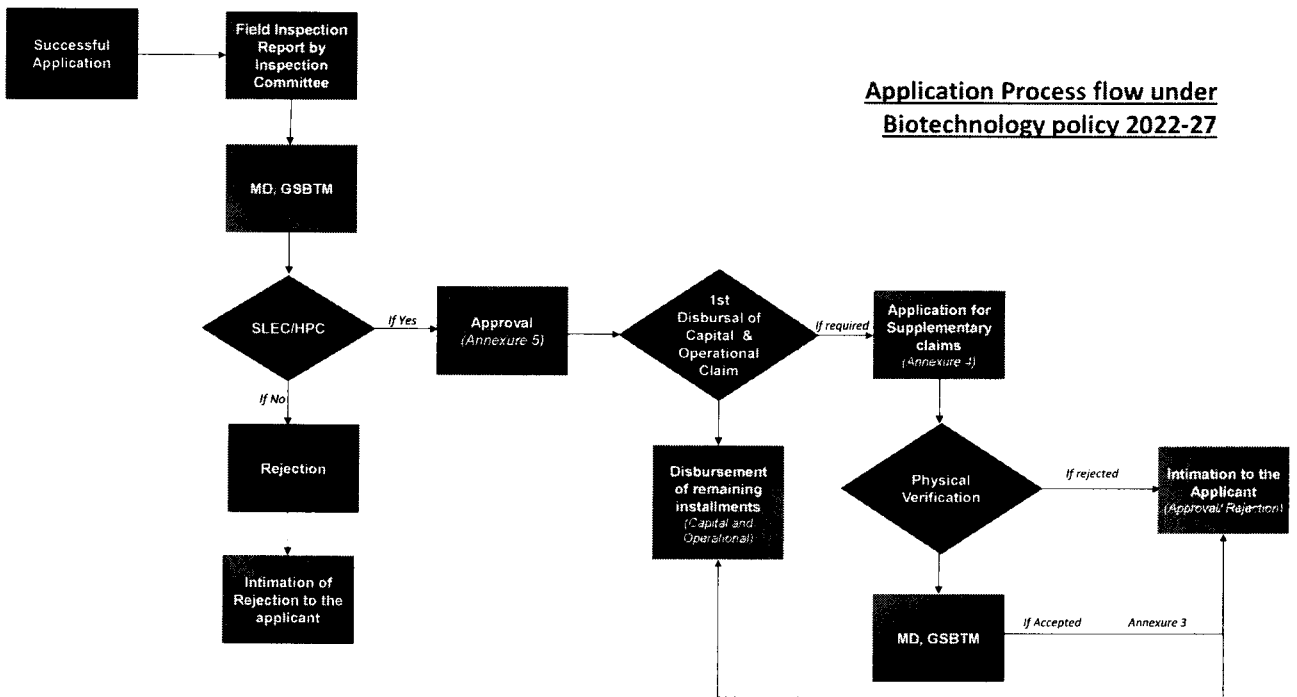
By order and in the name of the Governor of Gujarat.



(Vijay Nehra)

Secretary to the Government of Gujarat,  
Department of Science and Technology





**List of Annexures**

<b>Sr. No.</b>	<b>Title</b>
<u>Annexure 1A</u>	Industry Connect Module
<u>Annexure 1B</u>	Request for In principle approval
<u>Annexure 2A</u>	Format for submitting Application for availing assistance under BT Policy 2022-27
<u>Annexure 2B</u>	Format for Capital Assistance, Projected Operational and Projected Supplementary Claim
<u>Annexure 2C</u>	Format for Operational Assistance Claim Application
<u>Annexure 2D</u>	Undertaking and Checklist for documents to be submitted as certified true copy as part of Application for availing assistance under BT Policy 2022-27
<u>Annexure 3</u>	Format for Approval for Assistance
<u>Annexure 4</u>	Format for Final Supplementary Capital Assistance Claim Application
<u>Annexure 5</u>	Details of Eligible and Ineligible components

For viewing and submission of the Annexures, please log on to <https://btm.gujarat.gov.in>

\* \* \* \* \*

## Annexure 1A: Industry Connect Module

### Industry Connect: Individual

General Information					
1.	Name	Prefix	First	Middle	Last
2.	Education Level				
	<input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> PhD <input type="checkbox"/> post-Doctoral <input type="checkbox"/> Other, please specify _____				
3.	Sub-Sector(s)				
	<input type="checkbox"/> Bio-Industrial <input type="checkbox"/> Bio-Agricultural <input type="checkbox"/> Bio-Pharmaceutical <input type="checkbox"/> Bio-Services & IT <input type="checkbox"/> Environment Biotech <input type="checkbox"/> Other, please specify _____				
4.	Mobile Number (Validate)				
5.	E-mail ID (Validate)				
6.	Organization (Optional)				
7.	Designation (Optional)				
8.	Within India				
	Current Residence		(City/ Town/ Village, Pin, Taluka, District, State – To be selected from a dropdown list)		
9.	Outside India				
	Current Residence		City	State	Country

Note: Automatic Login User ID Creation with necessary security protocols

### Industry Connect: Organization

<b>1.</b>	<b>Details of the Company/ Organization/ Institute</b>				
1.1	Entity Name (As per the certificate of incorporation OR other relevant proof provided)				
1.2	Type of Legal/ Corporate Entity		<input type="checkbox"/> Private Limited <input type="checkbox"/> Public Limited <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other, please specify _____		
1.3	Registered Address (As per the certificate of incorporation)		(Survey/ Plot/ Door Number, Building/ Block, Street, Locality) (City/ Town/ Village, Pin, Taluka, District, State – To be selected from a dropdown list)		
1.4	Website				
<b>2</b>	<b>Details of Representative(ies) of the Entity</b>				
2.1	Designated Representative of the Entity				
	Name	Prefix	First	Middle	Last
	Designation				
	Tenure		From:	To:	
	Mobile / Telephone (Validate)				
	ID proof: Aadhar Card (Validate)				

	Official E-mail ID (Validate)				
2.2	Authorized Representative of the Entity				
	Name	Prefix	First	Middle	Last
	Designation				
	Duration	From:		To:	
	Mobile / Telephone (Validate)				
	ID proof: Aadhar Card (Validate)				
	Official E-mail ID (Validate)				
3.	<b>Turnover:</b>				
4.	<b>Employment Details:</b>				

5	Project Details								
	R&D	Mfg.	For.	Ser.	Tra.	Category	B2B	B2G	B2C
Bio-Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bioplastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Biofuels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Biopolymers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fermentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other, pls specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bio-Pharmaceutical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vaccine Production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stem Cell Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Formulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Biosimilar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Biologics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Med Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other, pls specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bio-Agriculture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bio-pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bio-fertilizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Plant Tissue Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mushroom Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hybrid Seeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GM crops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other, pls specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bio-Services &	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bioinformatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Precision Medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gene Splicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Molecular Breeding -Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 Project Details									
	R&D	Mfg.	For.	Ser.	Tra.	Category	B2B	B2G	B2C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Clinical Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Big data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stem Cell Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Antimicrobial Resistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other, pls specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bio-Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bio-insecticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bio-compost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Waste Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bio Sequestration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Climate Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Clean Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other, pls specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BSL 3 Lab & BSL 4 Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Clinical Trial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ETP/ ZLD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Plug & Play Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other, pls specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<b>Any Query</b>								
7	<b>If you wish to avail incentives under BT Policy 2022-27</b> <b>(If Yes, then access to Enrolment Application)</b> <b>(If No, then applicant can submit the Industry Connect module)</b> Yes <input type="checkbox"/> No <input type="checkbox"/>								
	For Query (Click here)			For In-principle approval (Click here)			For Application (Click here)		

**Annexure 1B: Request for In-principle Approval****Details of Entity**

<b>1.</b>	<b>Details of the Company/ Organization/ Institute</b>				
1.1	Entity Name (As per the certificate of incorporation OR other relevant proof provided)				
1.2	Type of Legal/ Corporate Entity	<input type="checkbox"/> Private Limited <input type="checkbox"/> Public Limited <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other, please specify _____			
1.3	Registered Address (As per the certificate of incorporation)	(Survey/ Plot/ Door Number, Building/ Block, Street, Locality) <b>(City/ Town/ Village, Pin, Taluka, District, State – To be selected from a dropdown list)</b>			
1.4	Website				
<b>2</b>	<b>Details of Representative(ies) of the Entity</b>				
2.1	Designated Representative of the Entity				
	Name	Prefix	First	Middle	Last
	Designation				
	Supporting Document	<input type="checkbox"/> Appointment letter <input type="checkbox"/> Board Resolution <input type="checkbox"/> Others, pls specify _____			
	Tenure	From:		To:	
	Mobile / Telephone (Validate)				
	ID proof: Aadhar Card (Validate)				
	Official E-mail ID (Validate)				
2.2	Authorized Representative of the Entity				
	Name	Prefix	First	Middle	Last
	Designation				
	Supporting Document	<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Other, specify _____			
	Duration	From:		To:	
	Mobile / Telephone (Validate)				
	ID proof: Aadhar Card (Validate)				
	Official E-mail ID (Validate)				

3 Broad Classification									
	R&D	Mfg.	For.	Ser.	Tra.	Category	B2B	B2G	B2C
Bio-Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vaccines including recombinant vaccines for use in humans or animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Recombinant gene therapy products including nucleic acids, proteins, and combinations thereof, viruses, or genetically engineered micro-organisms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Molecular and Genetic Diagnostics (providing Business to Business services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Biochips, Biosensors and Biomedical Devices based on biotechnology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stem Cell and Cell-Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> RNA Interference (RNAi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Products of Synthetic Biology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Probiotics and other Biotechnology-based nutraceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bio-fertilizer, Bio-pesticides, and similar products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bioplastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Biofuels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Nano-Biotechnology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Any product/ technology deemed eligible by the Technical Advisory Committee (TAC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					'Biotechnology (BT) Product' which uses or is derived by using <input type="checkbox"/> (a) Living systems, <input type="checkbox"/> (b) Enzymes, <input type="checkbox"/> (c) Proteins <input type="checkbox"/> (d) Biocatalysts <input type="checkbox"/> (e) Biomolecules and any of the following processes: <input type="checkbox"/> Genetic Engineering, <input type="checkbox"/> Gene Editing <input type="checkbox"/> Protein engineering, <input type="checkbox"/> Tissue Engineering <input type="checkbox"/> Genomics, <input type="checkbox"/> Proteomics, <input type="checkbox"/> Bioinformatics, <input type="checkbox"/> Synthetic Biology, <input type="checkbox"/> Pharmacogenomics, <input type="checkbox"/> Metabolomics <input type="checkbox"/> Nano-Biotechnology based process <input type="checkbox"/> Bio-process Engineering,				

3 Broad Classification									
R&D	Mfg.	For.	Ser.	Tra.	Category	B2B	B2G	B2C	
					<input type="checkbox"/> Fermentation <input type="checkbox"/> Enzymatic processes, <input type="checkbox"/> Biotransformation <input type="checkbox"/> Tissue Culture <input type="checkbox"/> Molecular Breeding <input type="checkbox"/> Contract Research by CROs using Biotechnology process or products (providing Business to Business services) <input type="checkbox"/> Any process deemed eligible by the Technical Advisory Committee (TAC)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gene Splicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stem Cell Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Antimicrobial Resistance (AMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Molecular Breeding of Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinal Testing including Animal Testing Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genome Sequencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BSL-3 Labs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plug and Play Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accreditation, Testing & Certification Laboratories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other, pls specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Details of Entity Applying for Assistance									
1 Project Type:									
<input type="checkbox"/> New <input type="checkbox"/> Mega Project <input type="checkbox"/> Ecosystem Strengthening Project <input type="checkbox"/> Special Project <input type="checkbox"/> Relocation (From outside State) <input type="checkbox"/> Relocation (From outside Country) <input type="checkbox"/> Diversification <input type="checkbox"/> Expansion									
2 Expenditure incurred towards GFCI/ Estimated Capital Claim									
	Parameters					Estimated Cost (INR in Lacs)			
2.1	Registration and Stamp Duty								
2.2	Plant and Machinery								
2.3	Building								
2.5	Technology Upgradation & Acquisition								
2.6	Utilities								
	<b>Sub-total</b>								



<b>3</b>	<b>Mandatory documents</b>
	<input type="checkbox"/> Incorporation certificate and PAN card of applicant entity <input type="checkbox"/> Project brief on company letter head (pls explain in detail the process adopted by applicant) <input type="checkbox"/> copy of Promoter's PAN and Aadhar card
<input checked="" type="checkbox"/>	I/ We hereby confirm that the contents mentioned above are true to the best of my/ our knowledge. I/We am/are responsible for any information found incorrect or misrepresented subsequently and liable for auto rejection of in principle approval.
	<b>If you wish to avail incentives under BT Policy 2022-27</b> <b>(If yes, then access to Application)</b> <b>(If no, then applicant can submit this request)</b> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
	<div style="display: flex; justify-content: space-around;"> <div style="background-color: black; color: white; padding: 10px 20px; border-radius: 5px;">Submit</div> <div style="background-color: black; color: white; padding: 10px 20px; border-radius: 5px;">For Application (Click here)</div> </div>

**Annexure 2A – Format for submitting Application for availing assistance under BT Policy 2022-27**

<b>1.</b>	<b>Details of the Company/ Organization/ Institute</b>				
1.1	Entity Name (As per the certificate of incorporation OR other relevant proof provided)				
1.2	Type of Legal/ Corporate Entity	<input type="checkbox"/> Private Limited <input type="checkbox"/> Public Limited <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other, please specify _____			
1.3	Registered Address (As per the certificate of incorporation)	(Survey/ Plot/ Door Number, Building/ Block, Street, Locality) (City/ Town/ Village, Pin, Taluka, District, State – To be selected from a dropdown list)			
1.4	Website				
<b>2</b>	<b>Details of Representative(ies) of the Entity</b>				
2.1	Designated Representative of the Entity				
	Name	Prefix	First	Middle	Last
	Designation				
	Supporting Document	<input type="checkbox"/> Appointment letter <input type="checkbox"/> Board Resolution <input type="checkbox"/> Others, pls specify _____			
	Tenure	From:		To:	
	Mobile / Telephone (Validate)				
	ID proof: Aadhar Card (Validate)				
	Official E-mail ID (Validate)				
2.2	Authorized Representative of the Entity				
	Name	Prefix	First	Middle	Last
	Designation				
	Supporting Document	<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Other, specify _____			
	Duration	From:		To:	
	Mobile / Telephone (Validate)				
	ID proof: Aadhar Card (Validate)				
	Official E-mail ID (Validate)				
<b>3</b>	<b>Other details of applicant</b>				
3.1	Registration with Central/ State Government				
	Type	Enrolment Number		Date of Enrolment	
	Udyam				
	IEM Part B				
	Industrial License				
3.2	Central Board of Direct Taxes (CBDT), Department of Revenue, Ministry of Finance, GoI				
	Goods and Services Tax Identification Number (GSTIN)				

	Permanent Account Number (PAN)								
	Tax Deduction and Collection Account Number (TAN)								
	Taxpayer Identification Number (TIN)								
<b>3.3</b>	<b>Employees' Provident Fund Organization</b>								
	Establishment ID								
	Universal Account Number (UAN)								
	Company Website/ URL								
<b>3.4</b>	<b>Bank Account Details (For Disbursement)</b>								
	Name of Bank:								
	Address of Bank:								
	IFSC Code of Bank:								
	Bank Account Number:								
<b>3.5</b>	<b>NIC Classification: (Drop Down)</b>								
<b>3.5.1</b>	<b>Project Type:</b>								
	<input type="checkbox"/> New <input type="checkbox"/> Mega Project <input type="checkbox"/> Special Project <input type="checkbox"/> Ecosystem Strengthening Project <input type="checkbox"/> Relocation (From outside State) <input type="checkbox"/> Relocation (From outside Country) <input type="checkbox"/> Diversification <input type="checkbox"/> Expansion								
<b>3.5.2</b>	<b>Broad Classification</b>								
	<b>R&amp;D</b>	<b>Mfg.</b>	<b>For.</b>	<b>Ser.</b>	<b>Tra.</b>	<b>Category</b>	<b>B2B</b>	<b>B2G</b>	<b>B2C</b>
<b>Bio-Industrial</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vaccines including recombinant vaccines for use in humans or animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Recombinant gene therapy products including nucleic acids, proteins, and combinations thereof, viruses, or genetically engineered micro-organisms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Molecular and Genetic Diagnostics (providing Business to Business services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Biochips, Biosensors and Biomedical Devices based on biotechnology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stem Cell and Cell-Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> RNA Interference (RNAi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Products of Synthetic Biology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Probiotics and other Biotechnology-based nutraceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bio-fertilizer, Bio-pesticides, and similar products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bioplastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Biofuels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Nano-Biotechnology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Any product/ technology deemed eligible by the Technical Advisory Committee (TAC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						'Biotechnology (BT) Product' which uses or is derived by using <input type="checkbox"/> (a) Living systems, <input type="checkbox"/> (b) Enzymes, <input type="checkbox"/> (c) Proteins <input type="checkbox"/> (d) Biocatalysts <input type="checkbox"/> (e) Biomolecules and any of the following processes: <input type="checkbox"/> Genetic Engineering, <input type="checkbox"/> Gene Editing <input type="checkbox"/> Protein engineering, <input type="checkbox"/> Tissue Engineering <input type="checkbox"/> Genomics, <input type="checkbox"/> Proteomics, <input type="checkbox"/> Bioinformatics, <input type="checkbox"/> Synthetic Biology, <input type="checkbox"/> Pharmacogenomics, <input type="checkbox"/> Metabolomics <input type="checkbox"/> Nano-Biotechnology based process <input type="checkbox"/> Bio-process Engineering, <input type="checkbox"/> Fermentation <input type="checkbox"/> Enzymatic processes, <input type="checkbox"/> Biotransformation <input type="checkbox"/> Tissue Culture <input type="checkbox"/> Molecular Breeding <input type="checkbox"/> Contract Research by CROs using Biotechnology process or products (providing Business to Business service) <input type="checkbox"/> Any process deemed eligible by the Technical Advisory Committee (TAC)			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gene Splicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stem Cell Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Antimicrobial Resistance (AMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Molecular Breeding of Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinal Testing including Animal Testing Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genome Sequencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BSL-3 Labs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plug and Play Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accreditation, Testing & Certification Laboratories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other, pls specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5.3	Investment Range: <input type="checkbox"/> <200 Crore <input type="checkbox"/> >200 Crore								
3.5.4	Employment Range:								

	<input type="checkbox"/> <500 <input type="checkbox"/> >500				
3.6	Quality Certification				
3.6.1	Statutory Approval Obtained				
	Name	Description	Date of Issue	Valid Up to date:	Cost
(Add separate rows for each approval, as required)					
3.6.2	Non-Statutory Approval Obtained				
	Name	Description	Date of Issue	Valid Up to date:	Cost
(Add separate rows for each approval, as required)					

<b>4.</b>	<b>Project Details</b>						
4.1	Commercial Operation Date:						
4.2	Production Capacity of the Entity						
	NIC 2008 Code	Name of Product	Description of the Product	Units	Existing installed capacity per annum (for Expansion/ Diversification)	Proposed installed capacity per annum	During Enrolment Process (Same/ Modified/ New)
1							
2							
3							

(Add rows if required & attach supporting documents summarizing key aspects of the same)

Not Applicable

4.3	Service Capacity of the Entity						
	NIC 2008 Code	Name of Service	Description of the Service	Units	Existing delivery capacity per annum (for Expansion/ Diversification)	Proposed delivery capacity per annum	During Enrolment Process (Same/ Modified/ New)
1							
2							
3							

(Add rows if required & attach supporting documents summarizing key aspects of the same)

Not Applicable

<b>5 Employee Details</b>							
	Type/ Category	Number of Employees	Type/ Category	Number of Employees	Type/ Category	Number of Employees	Total Number of Employees
1	Skilled Workers		Semi-Skilled Workers		Unskilled Workers		
2	Payroll		Contractual		Outsourced		
3	State Domicile		Indian/ Other state		NRI		
4			Full Time Employee/ Main Workers		Part Time Employee/ Marginal Workers		
5			Male		Female		

**Declaration:**

I/We hereby declare that I/ We have read the Government Resolutions BTP/022022/446/BT dated 15/02/2022 & BTP/\_\_\_2021/\_\_\_/BT dated \_\_\_/\_\_\_/2022 as amended from time to time before submission of this application for incentive. I/ We undertake to comply all the conditions stipulated therein to avail incentives mentioned in the resolution.

I/We hereby declare that the details given above are true and correct, if any of the information is found to be incorrect and not fulfilling the provisions laid down in the Government Resolution, incentives are liable to be cancelled.

Place:

Date:

Company Seal

Applicant's signature

Name:

Designation:

**Annexure 2B Format for Capital Assistance, Projected Operational and Projected Supplementary Claim****A. Format for Capital Assistance Application**

<b>1 Details of Entity Applying for Assistance</b>									
1.1	Name of the Entity:								
1.2	Project Type:								
	<input type="checkbox"/> New <input type="checkbox"/> Mega Project <input type="checkbox"/> Ecosystem Strengthening Project <input type="checkbox"/> Special Project <input type="checkbox"/> Relocation (From outside State) <input type="checkbox"/> Relocation (From outside Country) <input type="checkbox"/> Diversification <input type="checkbox"/> Expansion								
<b>2 Expenditure incurred towards GFCI/ Estimated Capital Expenditure towards Supplementary Capital Claim</b>									
2.1	Registration and Stamp Duty								
Sr. No.	Description of the Asset/ Property	Use of the Asset/ Property	Possession Type (Outright Purchase/ Lease)	Total area (sq. m.)	Duration of lease (in years)	Cost/ lease rental (per annum) of Asset/ Property	Registration Cost	Stamp Duty Cost	
1									
2									
(In case of more than one property or asset or possession type, add separate rows for each item)									
	Sub-total								
2.2	Plant and Machinery								
Sr. No.	Name of the Plant & Machinery	Description	Type (New Indigenous/ Second Hand Indigenous/ New Imported/ Second Hand Imported)	Original Equipment Manufacturer (OEM)	Year of Manufacturing	Life of Machinery (Lifespan)	Cost (including taxes, duty, etc., excluding Royalty)		
1									
2									
(Add separate rows for each item, as required)									
	Sub-total								
2.3	Building								
Sr. No.	Item	Description	Unit	Quantity	Unit rate	Cost (including taxes, duty, etc.)			
1	Civil Works/ Structural								
2	Interiors/Finishing								
3	Conveyance lifts								
4	HVAC								
5	Fire protection								
6	Electrical								

7	Plumbing						
(Add separate rows for additional items, as required)							
							Sub-total
2.5	Technology Upgradation & Acquisition						
Sr. No.	Name of the Technology	Description	Type (Upgradation/ Acquisition)	Country of origin	Availability in the India (Yes/ No)	Availability in the Gujarat (Yes/ No)	Cost (including taxes, duty, etc., but excluding Royalty)
1							
2							
(Add separate rows for additional items, as required)							
							Sub-total
2.6	Utilities						
Sr. No.	Name of Utilities	Description	Capacity	Unit	Cost (including taxes, duty, etc., but excluding consultation/ professional charges)		
1	Solid Waste Management Facility						
2	Gas Connection and related infrastructure						
3	Substation						
4	Solar Unit/ Any other Captive Power Generation unit						
5	Effluent Treatment Plant						
6	Zero Liquid Discharge						
							Sub-total

3	Summary of the Expenditure incurred towards GFCI	Sub-Total from Section 2
	Registration and Stamp Duty	
	Plant and Machinery	
	Building	
	Technology Upgradation & Acquisition	
	Utilities	
	Total	



**B. Format for Projected Operational Assistance Claim Application**

<b>1.1</b>	Operational Assistance Period (as per Committee approval)		From		To		
	Operational Assistance Claim Cycle	<input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annual					
	#	Quarterly		Half-yearly		Annual	
	Year 1	<input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4		<input type="checkbox"/> H1 <input type="checkbox"/> H2		<input type="checkbox"/>	
	Year 2	<input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4		<input type="checkbox"/> H1 <input type="checkbox"/> H2		<input type="checkbox"/>	
	Year 3	<input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4		<input type="checkbox"/> H1 <input type="checkbox"/> H2		<input type="checkbox"/>	
	Year 4	<input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4		<input type="checkbox"/> H1 <input type="checkbox"/> H2		<input type="checkbox"/>	
	Year 5	<input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4		<input type="checkbox"/> H1 <input type="checkbox"/> H2		<input type="checkbox"/>	
<b>2</b>	<b>Power Tariff</b>						
	Meter/ Connection Identification Number	Duration/ Time Period		Total Unit Consumed	Bill Amount	Bill Number	Proof of Transaction
		From	To				
<b>3</b>	<b>Patent Assistance</b>						
3.1	Name, Country of the Authority issuing the patent						
3.2	Description						
3.3	Title of the Patent						
3.4	Date of issue/Renewal of the Patent						
3.5	Patent Validity Till						
3.6	Fees paid to patent attorney and patent service centre						
3.7	Legal Charges						
	(Repeat row from 3.1 to 3.7 for next each patent)						
<b>4</b>	<b>Market Development</b>						
4.1	Name of the Event						
4.2	Type (National/ International)						
4.3	Name of the Organizer						
4.4	Date of the Event						
4.5	Amount paid towards rent/ charges for stall space to the organizer						
4.6	Cost incurred for Product Literature/ Catalogue						
4.7	Cost incurred for Display Material						
	(Repeat row from 4.1 to 4.7 for next each event)						

<b>5</b>	<b>Lease Rental</b>					
	Description of the Asset/ Property	Use of the Asset/ Property	Total area (sq. m.)	Duration of lease (in years)	Lease rental (per annum) of Asset/ Property	
	Sub Total					
	(In case of more than one property or asset, add separate rows for each item)					
<b>6</b>	<b>Bandwidth Leasing</b>					
6.1	Billing Period		From:		To:	
6.2	Bill Amount					
<b>7</b>	<b>Quality Certifications (Non-Statutory Approvals)</b>					
7.1	Certificate issuing Authority					
7.2	Type of Certification (National/ International)					
7.3	Date of issue of Certificate					
7.4	Validity					
7.5	Certification Fees					
	(In case of more than one quality certifications add separate rows for each item)					
<b>8</b>	<b>Employment Generation</b>					
	Employee Name	Gender (M/F)	Employee PAN number	Date of Joining	CTC (per annum)	Eligible Incentive under EGI
	(Add separate rows for each employee, as required)					
	Total					
<b>9</b>	<b>Employee Provident Fund (One-time annual claim)</b>					
	Employee Name	Gender (M/F)	UAN number	Duration in Month	EPF paid by the Employer (Entity)	Amount Eligible EPF incentive
	(Add separate rows for each employee, as required)					
	Total					
<b>10</b>	<b>Interest Subsidy on Term Loan</b>					
	Name of the Bank/ Financial Institution					
	Total Loan Amount Sanction					
	Moratorium period					
	Details of Disbursement		Date of Disbursement		Amount	

		(Add rows as required)					
		Total					
		Total Capital Repayment	Outstanding Debt	Interest paid	Interest due (if any)	Penalty (if any)	
Amount as of Commercial Operation Date							
Eligible Assistance under Interest subsidy							
<b>11</b>	<b>Electricity Duty</b>						
	Meter/ Connection Identification Number	Duration/ Time Period		Bill Number	Proof of Transaction	Total Unit Consumed	Electricity Duty
		From	To				
						<b>Total</b>	

**C. Format for Projected Supplementary Assistance Claim Application**

<b>1</b>	<b>Expenditure incurred towards GFCI/ Estimated Capital Expenditure towards Supplementary Capital Claim</b>							
1.1	Registration and Stamp Duty							
Sr. No.	Description of the Asset/ Property	Use of the Asset/ Property	Possession Type (Outright Purchase/ Lease)	Total area (sq. m.)	Duration of lease (in years)	Cost/ lease rental (per annum) of Asset/ Property	Registration Cost	Stamp Duty Cost
1								
2								
(In case of more than one property or asset or possession type, add separate rows for each item)								
						Sub-total		
1. 2	Plant and Machinery							
Sr. No.	Name of the Plant & Machinery	Description	Type (New Indigenous/ Second Hand Indigenous/ New Imported/ Second Hand Imported)	Original Equipment Manufacturer (OEM)	Year of Manufacturing	Life of Machinery (Lifespan)	Estimated Cost (including taxes, duty, etc. excluding Royalty)	
1								
2								
(Add separate rows for each item, as required)								
						Sub-total		

1.3 Building							
Sr. No.	Item	Description	Unit	Quantity	Unit rate	Estimated Cost (including taxes, duty, etc.)	
1	Civil Works/ Structural						
2	Interiors/Finishing						
3	Conveyance lifts						
4	HVAC						
5	Fire protection						
6	Electrical						
7	Plumbing						
(Add separate rows for additional items, as required)							
Sub-total							
1.4 Technology Upgradation & Acquisition							
Sr. No.	Name of the Technology	Description	Type (Upgradation / Acquisition)	Country of origin	Availability in the India (Yes/ No)	Availability in the Gujarat (Yes/ No)	Estimated Cost (including taxes, duty, etc., but excluding Royalty)
1							
2							
(Add separate rows for additional items, as required)							
Sub-total							
1.5 Utilities							
Sr. No.	Name of Utilities	Description	Capacity	Unit	Cost (including taxes, duty, etc., but excluding consultation/ professional charges)		
1	Solid Waste Management Facility						
2	Gas Connection and related infrastructure						
3	Substation						
4	Solar Unit/ Any other Captive Power Generation unit						
5	Effluent Treatment Plant						
6	Zero Liquid Discharge						
Sub-total							

<b>2</b>	<b>Summary of the Expenditure incurred towards GFCI</b>	<b>Sub-Total from Section 2</b>
	Registration and Stamp Duty	
	Plant and Machinery	
	Building	
	Technology Upgradation & Acquisition	
	Utilities	
	<b>Total</b>	

**Declaration:**

1. I / We hereby confirm that to the best of our knowledge and belief, information given herein and other documents enclosed are true and correct in all respects. We further undertake to substantiate the particulars about promoter(s) and other details with documentary evidence as and when called for. I/We hereby agree that I/We shall forthwith repay the amount released to me/us under scheme, if the amount of Reimbursement of tax are found to be disbursed in excess of the amount actually admissible whatsoever the reason.
2. I/We hereby declare that we have read the Government Resolutions BTP/022022/446/BT dated 15/02/2022 & BTP/\_\_\_2021/\_\_\_/BT dated \_\_\_/\_\_\_/2022. I/We undertake to comply all the conditions stipulated therein to avail incentives mentioned in the resolutions.
3. I/We hereby declare that the details given above are true & correct, if any of the information is found to be incorrect and not fulfilling the provisions laid down in the above resolutions, the Incentives are liable to be recovered.
4. I/We also declare that I am authorized by the enterprise to sign and submit the application and related details with relevant documents.

Place:

Date:

Company Seal

Applicant's signature

Name:

Designation:

**Annexure 2C - Format for Operational Assistance Claim Application**

<b>1.1</b>	Operational Assistance Period (as per Committee approval)	From		To			
	Operational Assistance Claim Cycle	<input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annual					
	#	Quarterly	Half-yearly	Annual			
	Year 1	<input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	<input type="checkbox"/> H1 <input type="checkbox"/> H2	<input type="checkbox"/>			
	Year 2	<input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	<input type="checkbox"/> H1 <input type="checkbox"/> H2	<input type="checkbox"/>			
	Year 3	<input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	<input type="checkbox"/> H1 <input type="checkbox"/> H2	<input type="checkbox"/>			
	Year 4	<input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	<input type="checkbox"/> H1 <input type="checkbox"/> H2	<input type="checkbox"/>			
	Year 5	<input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	<input type="checkbox"/> H1 <input type="checkbox"/> H2	<input type="checkbox"/>			
<b>1.2</b>	<b>Details of Entity Applying for Assistance</b>						
1.2.1	Name of the Entity:						
1.2.2	Project Type:						
	<input type="checkbox"/> New <input type="checkbox"/> Mega Project <input type="checkbox"/> Ecosystem Strengthening Project <input type="checkbox"/> Special Project <input type="checkbox"/> Relocation (From outside State) <input type="checkbox"/> Relocation (From outside Country) <input type="checkbox"/> Diversification <input type="checkbox"/> Expansion						
1.2.3	Enrolment No.		Date of Issue				
1.2.4	Turnover:						
<b>2</b>	<b>Power Tariff</b>						
	Meter/ Connection Identification Number	Duration/ Time Period		Total Unit Consumed	Bill Amount	Bill Number	Proof of Transaction
		From	To				
<b>3</b>	<b>Patent Assistance</b>						
3.1	Name, Country of the Authority issuing the patent						
3.2	Description						
3.3	Title of the Patent						
3.4	Date of issue/Renewal of the Patent						
3.5	Patent Validity Till						
3.6	Fees paid to patent attorney and patent service centre						
3.7	Legal Charges						
	(Repeat row from 3.1 to 3.7 for next each patent)						
<b>4</b>	<b>Market Development</b>						
4.1	Name of the Event						
4.2	Type (National/ International)						
4.3	Name of the Organizer						
4.4	Date of the Event						

4.5	Amount paid towards rent/ charges for stall space to the organizer					
4.6	Cost incurred for Product Literature/ Catalogue					
4.7	Cost incurred for Display Material					
(Repeat row from 4.1 to 4.7 for next each event)						
<b>5</b>	<b>Lease Rental</b>					
	Description of the Asset/ Property	Use of the Asset/ Property	Total area (sq. m.)	Duration of lease (In years)	Lease rental (per annum) of Asset/ Property	
	Sub Total					
(In case of more than one property or asset, add separate rows for each item)						
<b>6</b>	<b>Bandwidth Leasing</b>					
6.1	Billing Period	From:	To:			
6.2	Bill Amount					
<b>7</b>	<b>Quality Certifications (Non-Statutory Approvals)</b>					
7.1	Certificate issuing Authority					
7.2	Type of Certification (National/ International)					
7.3	Date of issue of Certificate					
7.4	Validity					
7.5	Certification Fees					
(In case of more than one quality certifications add separate rows for each item)						
<b>8</b>	<b>Employment Generation</b>					
	Employee Name	Gender (M/F)	Employee PAN number	Date of Joining	CTC (Per annum)	Eligible Incentive under EGI
(Add separate rows for each employee, as required)						
	Total					
<b>9</b>	<b>Employee Provident Fund</b>					
	Employee Name	Gender (M/F)	UAN number	Duration in Month	EPF paid by the Employer (Entity)	Amount Eligible EPF incentive
(Add separate rows for each employee, as required)						
	Total					
<b>10</b>	<b>Interest Subsidy on Term Loan</b>					
	Name of the Bank/ Financial Institution					

Total Loan Amount Sanction						
Moratorium period						
Details of Disbursement	<b>Date of Disbursement</b>		<b>Amount</b>			
	(Add rows as required)					
	Total					
	Total Capital Repayment	Outstanding Debt	Interest paid	Interest due (if any)	Penalty (If any)	
Amount as of Commercial Operation Date						
Eligible Assistance under Interest subsidy						
<b>11</b>	<b>Electricity Duty</b>					
Meter/ Connection Identification Number	Duration/ Time Period		Bill Number	Proof of Transaction	Total Unit Consumed	Electricity Duty
	From	To				
<b>Total</b>						

**Declaration:**

I/We hereby declare that I/ We have read the Government Resolutions BTP/022022/446/BT dated 15/02/2022 & BTP/\_\_\_2021/\_\_\_/BT dated \_\_\_/\_\_\_/2022 as amended from time to time before submission of this application for incentive. I/ We undertake to comply all the conditions stipulated therein to avail incentives mentioned in the resolution.

I/We hereby declare that the details given above are true and correct, if any of the information is found to be incorrect and not fulfilling the provisions laid down in the Government Resolution, incentives are liable to be cancelled.

Place:

Date:

Company Seal

Applicant's signature

Name:

Designation:



**Annexure 2D – Undertaking and Checklist for documents to be submitted as certified true copy as part of Application for availing assistance under BT Policy 2022-27**

**A. Format for submitting Letter of Undertaking for availing assistance under BT Policy 2022-27**

To  
Mission Director,  
Gujarat State Biotechnology Mission  
Department of Science & Technology  
Government of Gujarat

**Sub:** Application for availing assistance under Biotechnology Policy 2022-27

**Ref:** Government Resolution No: BTP/022022/446/BT dated 15/02/2022 & BTP/\_\_\_2021/\_\_\_  
\_\_\_/BT dated \_\_\_/\_\_\_/2022

Sir/ Ma'am,

- I, Mr./ Ms. \_\_\_\_\_, am the authorized representative of the M/s \_\_\_\_\_ with registered address \_\_\_\_\_ providing this undertaking cum declaration in its behalf.
- We have read and undertake to comply with all the conditions stipulated therein to avail incentives, the Government Resolutions BTP/022022/446/BT dated 15/02/2022 & BTP/\_\_\_2021/\_\_\_/BT dated \_\_\_/\_\_\_/2022 & relevant amendments till date.
- We intend 'to apply for/ have applied for/ have availed' incentives/ funding as indicated in the table below, if applicable.

Sn. No	Name of the Institution/ Agency	Details of Assistance/ Funding	Status (Intend to/ Applied/ Availed)
1.			
2.			

(Add rows if required & attach supporting documents summarizing key aspects of the same)

- We undertake not to avail any incentive/ funding since the submission of Registration till the completion of operational assistance period which violates the Biotechnology Policy 2022 - 27.
- To the best of our knowledge, we do not have any outstanding dues/ taxes/ cess/ charges/ fees/ interest/ penalty with Government, Board and Corporation.
- The information provided during Registration are true and valid, we will disclose through intimate writing within 15 days, if there is any correction or changes in Section 1 and section 2 of Annexure 1B.

7. We undertake to repay with interest, the incentives disbursed, if found that it was obtained by misrepresentation of facts or in case of misuse.
8. We hereby declare that the Commercial Operations Date for the project is \_\_\_\_\_ (dd/mm/yyyy)
9. We hereby confirm that the contents mentioned above are true to the best of my/ our knowledge. We are jointly and severally responsible for any information found incorrect or misrepresented subsequently and liable for prosecution under the provisions of applicable Acts/ Codes and Rules.

Place:

Date:

Company Seal

Applicant's signature

Name:

Designation:

Note: Undertaking to be submitted on Rs. 300/- Stamp paper

**B. Checklist for Application Module**

No	Particulars
1.	Copy of applicable industrial registration certificate (EM-II Registration / IEM Part – B, / Industrial License, etc.)
2.	Acknowledgement Certificate under Gujarat Micro, small and Medium Enterprises (Facilitation of Establishment and Operation) Act, 2019 in case of MSME (if obtained)
3.	GST Registration certificate
4.	PAN
5.	TAN
6.	TIN certificate
7.	EPFO Universal Account Number (UAN)
8.	Copy of Bank Account Passbook/ cancel cheque
9.	Detailed project report
10.	Company profile, brochure, marketing/ promotional material
11.	Copy of First Sale Bill/ Invoice or agreement between Entity & client/ customer/ business
12.	Document for Installed Capacity, including proof for additional capacity in case of expansion
13.	Attendance Register of Employee, letter of employment, salary slip, domicile certificate of employee
14.	Project Completion Certificate from Financial Institute or Project Completion Certificate from authorized person, in case of self-finance. (In prescribed format)
15.	Copy of agreement for technical knowhow, Design, Drawings and Patent (if applicable)
16.	Address proof document for Manufacturing/ Factory/ Production/ Office/ Research/ Marketing/ Retail location
17.	Supporting document (Board Resolution, POA, etc.) for Designated/ Authorized Representative
18.	ID proofs: Driving License, Aadhar Card, PAN card, Passport as indicated
19.	Letter of Undertaking for availing assistance under BT Policy 2022-27

**Capital Claim Module**

No	Particulars
1.	Document proof for ownership/ lease of land/ asset Registered agreement executed for the purchase/ lease of the property(ies) or any relevant document which for proof of ownership of property list
2.	Bill/ payment receipt of Plant and Machinery
3.	Certificate of Chartered Engineer for all Engineering Works up to date of Commercial Operation Date
4.	Receipt/ Bill for Patented Technology acquired

**Operational Claim Module**

No	Particulars
1.	Application form and undertaking for Operational assistance duly filled, stamped, and signed by Designated/ authorized signatory.

2.	Electricity Bill, Payment Receipt/ Transaction Copy for the amount claim
3.	Proof of payments/ payment receipts toward purchase of patent,
4.	Proof of payments of charges paid for the amount claimed from legal services/ patent attorney/ patent service centre
5.	Invoice and payment receipt for the rent/ charges paid for stall space to the organizer
6.	Invoice and payment receipt for product literature/ Catalogue and display material
7.	Registered lease agreement/ deed, proof of transitions/ payment receipts with copy of the PAN card of the lessor
8.	Bandwidth invoice and payment receipt with valid GSTIN number
9.	Invoice and payment receipt of the Certificates from the certification agency
10.	Attendance Register of Employee, letter of employment, salary slip, domicile certificate of employee
11.	Sanction Letters/ Letter of Intent of Term Loan from Bank / Financial Institution if any
12.	Appraisal Report from Bank/ Financial Institutes (If applicable) (mandatory if term loan is availed)

#### Mandatory Periodic Submissions for quarterly instalments of Capital Claim

No	Particulars
1.	Annual Reports/ Progress Reports
2.	Audited/ Un-audited/ Provisional Balance Sheets
3.	Any other documents pertaining to the compliances as demanded by competent authority from time to time

#### Supplementary Claim Module

No	Particulars
1.	Document proof for ownership/ lease of land/ asset Registered agreement executed for the purchase/ lease of the property(ies) or any relevant document which for proof of ownership of property list
2.	Bill and payment proof for the claimed components
3.	Certificate of Chartered Engineer for all Engineering Works up to date of Commercial Operation Date

All Submitted documents along with the application form should be duly certified by authorized signatory of applicant / director/ Power of Attorney holder.

**Annexure 3 - Format for Approval of Assistance**

Outward Ref:

Date:

To,

M/s \_\_\_\_\_ (Name of the Entity)

\_\_\_\_\_ (Entity's registered address)

**Sub:** Approval for Assistance**Ref:** (1) \_\_\_\_\_ (Entity's Enrolment Number)

(2) \_\_\_\_\_ (Committee Agenda)

(3) \_\_\_\_\_ (Committee meeting minutes) (only to be added here if these documents are available in the public domain)

**Kind Attention:** Mr/ Ms (Name of the Designated/ Authorized Representative(s))

This is to convey to you the grant of approval for assistance under Gujarat's Biotechnology Policy 2022-27 by \_\_\_\_\_ (committee) during meeting held on \_\_\_\_\_ (date) and your Actual Commercial Operation Date \_\_\_\_\_ has been accepted and acknowledged.

Capital Assistance sanctioned for disbursement is INR \_\_\_\_\_ (Rupees \_\_\_\_\_ only) and details & disbursement schedule for the same are provided hereunder.

Table 1: Final eGFCI &amp; maximum eligible Capital Assistance under Application

Sr. No.	Expenditure Item	Amount as per Application	Remarks/ Reasons	Amount accepted by the Nodal Agency
1	Registration and Stamp Duty			
2	Plant and Machinery			
3	Building Cost			
4	Site Development			
5	Technology Upgradation & Acquisition			
6	Utilities			
7	Total eGFCI (Application – Capital Expenditure)			
8	Maximum eligible Capital Assistance			

Table 2: Indicative eGFCI &amp; maximum eligible Capital Assistance towards Supplementary Capital Claim Application

Sr. No.	Expenditure Item	Amount as per Application	Remarks/ Reasons	Amount accepted by the Nodal Agency
1	Registration and Stamp Duty			
2	Plant and Machinery			
3	Building Cost			
4	Site Development			
5	Technology Upgradation & Acquisition			
6	Utilities			
7	Total eGFCI (Supplementary Capital Claim Application - Capital Expenditure)			
8	Maximum eligible under Supplementary Capital Assistance			

Table 3: Estimated/ Projected Operational Expenditure &amp; eligible Operational Assistance for 5 years

Sr. No.	Expenditure Item	Estimated/ Projected Cost	Eligible Operational Assistance (Indicative)	Disbursement Schedule	Remarks
1	Power Tariff				
2	Patent Assistance				
3	Market Development				
4	Lease Rental				
5	Bandwidth leasing				
6	Quality Certification				
7	Employee Provident Fund				
8	Interest Subsidy on Term Loan				
9	Electricity Duty				

## Disbursement Schedule

Sr. No.	Assistance Type	Disbursement Schedule	Remarks
1	Capital Assistance under Application	<p>Capital Assistance shall be disbursed in _____ instalments with each instalment amounting to INR _____ /- (Rupees _____ Only).</p> <p>First instalment shall be disbursed before end of Financial Quarter - _____ (month-month) of _____ (Year).</p> <p>Second instalment shall be disbursed before end of Financial Quarter - _____ (month-month) of _____ (Year).</p> <p>Third instalment shall be disbursed before end of Financial Quarter - _____ (month-month) of _____ (Year).</p> <p>Fourth instalment shall be disbursed before end of Financial Quarter - _____ (month-month) of _____ (Year).</p> <p>Quarterly instalments shall be disbursed subject to fulfilment of applicable terms and conditions including approval of the annual reports in accordance with Clause 8.4.3</p>	
2	Capital Assistance under Supplementary Capital Claim	Expenditure incurred from _____ (ACOD) to _____ shall be considered eligible expenditure under Supplementary Capital Claim	
3	Operational Assistance	Operational Assistance Claim Period shall be from _____ to _____ Operational Claim Applications shall be processed on _____ (Quarterly/ Half-yearly/ Annual) basis	

## Applicable Terms and Conditions:

- 1.
- 2.
- 3.

(Name)  
Mission Director  
Gujarat State Biotechnology Mission

Accepted by

&lt;Name of Applicant&gt;

Authorized Signatory

**Annexure 4- Format for Final Supplementary Capital Assistance Claim Application**

<b>1</b>	<b>Details of Entity Applying for Assistance</b>
1.1	Name of the Entity:
1.2	Project Type:
	<input type="checkbox"/> New <input type="checkbox"/> Mega Project <input type="checkbox"/> Ecosystem Strengthening Project <input type="checkbox"/> Special Project <input type="checkbox"/> Relocation (From outside State) <input type="checkbox"/> Relocation (From outside Country) <input type="checkbox"/> Diversification <input type="checkbox"/> Expansion

<b>2</b>	<b>Expenditure incurred towards GFCI/ Estimated Capital Expenditure towards Supplementary Capital Claim</b>							
2.1	Registration and Stamp Duty							
Sr. No.	Description of the Asset/ Property	Use of the Asset/ Property	Possession Type (Outright Purchase/ Lease)	Total area (sq. m.)	Duration of lease (in years)	Cost/ lease rental (per annum) of Asset/ Property	Registration Cost	Stamp Duty Cost
1								
2								
(In case of more than one property or asset or possession type, add separate rows for each item)								
						Sub-total		
2.2	Plant and Machinery							
Sr. No.	Name of the Plant & Machinery	Description	Type (New Indigenous/ Second Hand Indigenous/ New Imported/ Second Hand Imported)	Original Equipment Manufacturer (OEM)	Year of Manufacturing	Life of Machinery (Lifespan)	Estimated Cost (including taxes, duty, etc., excluding Royalty)	
1								
2								
(Add separate rows for each item, as required)								
						Sub-total		
2.3	Building							
Sr. No.	Item	Description	Unit	Quantity	Unit rate	Estimated Cost (including taxes, duty, etc.)		
1	Civil Works/ Structural							
2	Interiors/Finishing							
3	Conveyance lifts							
4	HVAC							
5	Fire protection							
6	Electrical							



7	Plumbing						
(Add separate rows for additional items, as required)							
						Sub-total	
2.5	Technology Upgradation & Acquisition						
Sr. No.	Name of the Technology	Description	Type (Upgradation/ Acquisition)	Country of origin	Availability in the India (Yes/ No)	Availability in the Gujarat (Yes/ No)	Estimated Cost (including taxes, duty, etc., but excluding Royalty)
1							
2							
(Add separate rows for additional items, as required)							
						Sub-total	
2.6	Utilities						
Sr. No.	Name of Utilities		Description	Capacity	Unit	Cost (including taxes, duty, etc., but excluding consultation/ professional charges)	
1	Solid Waste Management Facility						
2	Gas Connection and related infrastructure						
3	Substation						
4	Solar Unit/ Any other Captive Power Generation unit						
5	Effluent Treatment Plant						
6	Zero Liquid Discharge						
						Sub-total	

3	Summary of the Expenditure incurred towards GFCI	Sub-Total from Section 2
	Registration and Stamp Duty	
	Plant and Machinery	
	Building	
	Technology Upgradation & Acquisition	
	Utilities	
	Total	

**Declaration:**

1. I / We hereby confirm that to the best of our knowledge and belief, information given herein and other documents enclosed are true and correct in all respects. We further undertake to substantiate the particulars about promoter(s) and other details with documentary evidence

as and when called for. I/We hereby agree that I/We shall forthwith repay the amount released to me/us under scheme, if the amount of Reimbursement of tax are found to be disbursed in excess of the amount actually admissible whatsoever the reason.

2. I/We hereby declare that we have read the Government Resolutions BTP/022022/446/BT dated 15/02/2022 & BTP/\_\_\_2021/\_\_\_/BT dated \_\_\_/\_\_\_/2022. I/We undertake to comply all the conditions stipulated therein to avail incentives mentioned in the resolutions.
3. I/We hereby declare that the details given above are true & correct, if any of the information is found to be incorrect and not fulfilling the provisions laid down in the above resolutions, the Incentives are liable to be recovered.
4. I/We also declare that I am authorized by the enterprise to sign and submit the application and related details with relevant documents.

Place:

Date:

Company Seal

Applicant's signature

Name:

Designation:

**Annexure 5: Details of Eligible and Ineligible components****Eligible Component under Capital Expenditure Assistance**

Sr. No.	Capital Expenditure Item	Eligible Components	Ineligible Components
1	Plant and Machinery	As per Clause 3.9 Servers where the requirement for the same is based on core business/ service offerings Transportation and installation charges paid to the Vendor/ Original Equipment Manufacturer (OEM) as part of procurement	Not part of manufacturing process/ service
2	Buildings	Certified by Architects/ Engineers towards Construction cost	Moveable assets such as furniture, non-essential interior works, etc.  Technical Consultancy Charges
3	Registration & Stamp Duty	100% cost incurred for Registration & Stamp Duty towards purchase/ lease of property as part of the proposed project Payment towards land use conversion from agriculture to non-agriculture	Premium charges towards land use conversion Note: Premium charges paid for conversion of land use from agriculture use to non-agriculture use shall mean the additional charges paid as per <i>Jantri</i> for specific land parcel indicated as 'Premium charges'
4	Technology Upgradation & Acquisition	Patented Technology acquired from Indian, Foreign and Multi-national Companies/ Institutes/ Organizations, subject to max. ceiling of 10% of eGFCI.	Royalty Payment(s) Development of in-house Biotechnology Solutions for product and process improvement. Digital interventions including ERP, HRMS, PMS, etc.
5	Utilities	Sewage/ Effluent Treatment Plant Zero Liquid Discharge plant Capital or one-time investment towards development of green utilities such as Captive Solar Power Plant Infrastructure for Network and Internet Services Other on-site utilities (only integral to core functioning of components)	Trunk Infrastructure/ utilities (last mile connectivity)

**Eligible Component under Operational and Other Expenditure Assistance**

Sr. No.	Operational Expenditure Item	Eligible Components	Components not eligible
1A	Operational Assistance - Power Tariff	Power purchased from State Electricity distribution companies or power distribution licensees  Note: Expansion/ diversification applicants must procure/ install separate connection and meter. The bills must be produced/ submitted only pertaining to the expansion and diversification approved through the application.	Power consumed from captive power plant
1B	Operational Assistance - Patent Assistance	Expenditure incurred for obtaining National/ International Patents  Incentive shall be provided at the rate of 50%, subject to a ceiling of INR 2 lakhs per patent for domestic patents which shall be limited to INR 10 lakhs and INR 5 lakhs per patent for International Patents which shall be limited to INR 25 lakhs.	Non- essential Patent(s) for operations of the proposed project
1C	Operational Assistance - Market Development	Towards participation in National or International Exhibitions/ Trade fairs: <ul style="list-style-type: none"> <li>Rent of stall or rent of space and amount paid to organizer towards creation of stall and on rented space</li> <li>Display material</li> </ul> Incentive shall be up to INR 50,000/- per event for maximum 2 times (events) during the operational assistance period	Events participated before or after defined operational assistance period  Cost of Travel, Lodging, Boarding, etc.
1D	Operational Assistance - Lease Rental	Cost as per registered lease agreement/ deed, applicable & valid for the period for which operational assistance is sought  Proof of transactions/ payment receipts must be submitted along with copy of the PAN card of the lessor	Cost towards lease on non-essential spaces  Lease paid before or after defined operational assistance period

Sr. No.	Operational Expenditure Item	Eligible Components	Components not eligible
1E	Operational Assistance - Bandwidth Leasing	Expenditure incurred on buying or leasing bandwidth from a recognized Internet Service Provider, registered in India, with a valid GST number	Cost for installation, One-time or recurring
1F	Operational Assistance - Assistance to Quality Certifications	Cost for certificate shall include, Fees charged by certification agency Renewal of certificate AMC for certifications, calibrations	Travel, hotel & site visit charges Purchase of testing equipment/ machinery More than one year from the date of issue of the certificate
2	Employment Generation Incentive	only for permanent/ contractual employee who have successfully completed term of 1 year	Specific employee for whom his earlier company has already claimed this incentive
3	EPF Assistance	Amount paid by the beneficiary/ Entity directly to the Employees' Provident Fund Organization (EPFO) including EPF paid for contractual & outsourced employees  Only applicable for employees working full-time & operating within the State (not beyond prescribed statutory limit)	
4	Interest Subsidy on Term Loan	Term Loan procured towards expenditure accounted under GFCI  Term Loan shall not exceed approved GFCI  Term loan account must be an exclusive account maintained by the financing institution/ beneficiary	Penalties of any kind imposed by the financing institution  If enterprise is availing interest subsidy under Scheme of Central Government, then total quantum of interest subsidy from State and Central, in any case shall not exceed 90% of the total interest paid to Bank/ Financial institution
5	Electricity Duty	Refer Operational Assistance - Power Tariff above	Refer Operational Assistance - Power Tariff above