

**NATIONAL INSURANCE COMPANY LIMITED
GUWAHATI REGIONAL OFFICE**

**APPLICATION FORM FOR CLAIM UNDER CENTRAL COMPREHENSIVE INSURANCE
SCHEME, 1997**

(This Form duly completed to be submitted along with the required documents for the claim of reimbursement of Fire Insurance Premium).

- 1.1 Name of the Industrial unit :
- 1.2 Office Address with telephone No :
- 1.3 Factory address with telephone No :
- 2.1 Constitution of the unit (whether :
proprietary / partnership/private
Ltd/Limited company/co-operative.
- 2.2 Names(s) & address(es) of the proprietor :
/Partners/directors/secretary & presidents
Of the Co-operative society/trustee
- 2.3 Date of registration under the companies :
Act/ the concerned Act including the Act
- 2.4 Registered Head Office of the Company :
- 2.0 Details of registration of the Unit :
- 3.1 SSI Registration:
a) Provisional Regn. No. :
b) Permanent Regn.No. :
- 3.2 Large & medium :
No. and date of Industrial Licence/
Letter of Intent/Industrial Entrepreneurs
Memorandum.
- 3.3 CCIS Registration No. & date :
CCIS Registration Issued by
- 4.1. Date of commencement of commercial :
Production.
- 4.2 Whether the Unit was set up after :
24.12.1997.
- 4.3 What is the percentage of investment :
Upto 24.12.1997.
- 5.0 Actual Capital Investment: Upto 24.12.1997 After 24.12.1997.
(Capitalised Value) _____ (Rs) _____ (Rs)
- 5.1 (a) Cost of land
(b) Cost of Site Development
(c) Cost of Boundary Wall
- 5.2 Buildings: (a) Office
(b) Factory
- 5.3 Plant & Machinery
- 5.4 Accessories
- 5.5 Cost of Electrical Installation
- 5.6 Cost of Erection/Installation
- 5.7 Miscellaneous fixed assets
-
- Total :

5.8	Whether a Certificate from a Registered Chartered Accountant (which needs to be enclosed) on Capital Investment is attached.	:	
6.0	Means of Finance	:	
6.1	Whether availed Central Capital Investment Subsidy Scheme, 1997.	:	
6.2	If yes, name the Financial Institution through which subsidy availed.	:	
6.3	Whether the subsidy is availed as a New unit or expanded unit.	:	
6.4	If Capital Subsidy is not availed/ granted specify the reason thereof.	:	
7.0	Power		
7.1	Date of sanction of power & load.	:	
7.2	Connected load & date of connection	:	
8.0	Details of Production of the New Unit	:	
8.1	Give brief details of the manufacturing process of the unit (a separate sheet may be attached, if required)	:	
8.2	Name of the Product(s)	Installed Annual Production capacity	Actual Annual (yearwise)

9.0	Fire Insurance for Fixed Assets		
9.1	Name & Address of the Insured (to whom the policy is issued)	:	
9.2	Date of commencement of first Fire Insurance on commission of the Unit.	:	
9.3	Period of Insurance (for reimbursement under CCIS, 97)	:	
9.4	Fire Policy No(s).	:	
9.5	Basis of Sum insured (whether Book Value/market Value/New Replacement Value)	:	
9.6	Total Sum Insured	:	
	Break-up of sum insured-		
	(a) Boundary Wall	:	
	(b) Buildings	:	
	(c) Plant & Machinery	:	
	(a) Misc. Fixed Assets	:	
9.7	Net Premium (net of all refunds Received/due) paid as per the Fire Policy.	:	
9.4	Amount of Refund, if any, after Issuance of the Policy.	:	
9.5	Whether a certificate from the Issuing Office (stating that the policy was In force for the entire policy period, amount of refund availed/due) in the prescribed Format attached.	:	
9.6	Reimbursement of Insurance Premium availed so far under CCIS, 97 and the period thereof.	:	

10.. Give Bank Account No. name of the :
Bank & Branch where the subsidy amount,
If reimbursed, if to be deposited.

11. Declaration:

I/we hereby solemnly declare that the information furnished in this application for the reimbursement of Fire Insurance Premium under the Central Comprehensive Insurance Scheme, 1997 are correct and true to the best of my/our knowledge and belief.

Place: Signature of the applicant(s)
Date: Status in relation to the Industrial Unit
Seal:

Attested/Certified copies of the following documents to be submitted alongwith the application Form with DI &CC for registration under CCIS, 1997.

List of Documents:

- 1.0 A certified copy of the "Application form for Registration" duly filled in and verified by Officials of concerned DICC (Form: A1)
- 2.0 A certificate/letter of Registration under CCIS,97 from DICC: Form A2
- 3.0 An Affidavit in Form-B2
- 4.0 A certificate from a Registered Chartered Accountant for capital investment in prescribed Form-B3.
- 5.0 A certificate from Fire Policy Issuing Office (s) in the Form-B4.
- 6.0 Copy of Fire Policy (ies) including schedule(s)for the period for which Reimbursement is sought.
- 7.0 Any other documents required by the concerned authority.

(b) LIST OF DOCUMENTS: For Claim for Second policy period onwards

- 1.0 An Affidavit in Form-B2
- 2.0 A certificate from a Registered Chartered Accountant for capital investment in prescribed Form-B 3.
- 3.0 A certificate from Fire Policy Issuing Office (s) in the Form-B4
- 4.0 Copy of Fire Policy(ies) including schedule (s) for the period for which Reimbursement is sought.
- 5.0 Any other documents required by the concerned authority.