



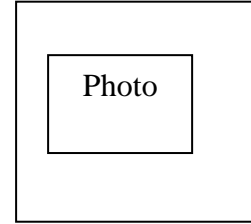
NSIC – ONICRA PERFORMANCE AND CREDIT RATING APPLICATION FORM

TO,

ONICRA CREDIT RATING AGENCY OF INDIA LTD,

11TH floor, Vatika City Point, MG Road,

Gurgaon, Delhi NCR – 122 002



Sir,

I / We desire to get 'Performance and Credit Rating' of our unit/firm done by ONICRA under the Performance and Credit Rating Scheme of the National Small Industries Corporation (NSIC)..

I / We attach herewith Application Fee of Rs. _____ by way of Crossed Pay Order / Bank Draft No _____ Dated _____ drawn on _____ in favour of **ONICRA Credit Rating Agency of India Ltd.**

I / We certify that the details given in this application and information/documents provided by our unit/firm are true and correct and no material fact has been concealed or withheld. ONICRA is not liable, in any manner, for the correctness and accuracy of information provided by your unit/firm.

I / We certify that in the past we have not availed any subsidy from NSIC to carry out 'Performance and Credit Rating' of our unit/firm. We hereby agree to pay the subsidy portion to ONICRA if NSIC rejects the claim made by ONICRA

Along with the Crossed Pay Order / Bank Draft, I/We undertake to provide copy of the audited Balance sheet and Profit & Loss account for the previous three continuous years, along with complete schedules, if any (if the company is less than 3 yrs old then depending on years of operations, we undertake to provide 2 years audited financials or one year audited financials).

The information details and documents required for carrying out the 'Performance and Credit Rating' of your unit/firm are provided in **Annexure – I to IV.**

Please tick if you would like ONICRA to publish your rating details and rationale on its website or in its any other journal/publication; or provide it to any Bank / Financial Institution, who has provided credit facilities to your unit/firm.

Name of the Signatory _____ Designation _____

Unit Name _____

Address _____

_____ CITY _____ PIN _____

Tel. No. _____ Fax No. _____ Mobile No.: _____

Email ID: _____ Website: _____

Turnover: _____ Category: _____

Signature: _____ Date: ____/____/____ Place _____

PARTICULARS OF INDUSTRIAL CONCERN

1	Name of the Applicant Unit and Address	
	Factory	Pin _____ Phone _____ Fax _____
	Office (Registered)	Pin _____ Phone _____ Fax _____
2	Constitution (please tick whichever is applicable): Proprietorship/ Partnership/ Private Ltd/ Limited Co./ Coop. Society	
3	a) Date and Year of Establishment: b) Date and Year of Commencement of Business:	
4	SSI Regn. No. and Date: or Acknowledgement of Entrepreneur's Memorandum and Date:	
5	(a) Nature of Industry	
	(b) Products	
	(C) Category	General / Scheduled Caste / Scheduled Tribe / OBC / Minority / North East / Women

6	Details of Promoters:					
	Sr. No.:	1	2	3	4	
	Name(s) of Proprietor / Partner / Director:					
	Age:					
	Father's / Husband Name:					
	Share(s) in Firm:					
	Residential Address:					
	Means / Net Worth:					
	Qualification:					
	Business:					
	Experience:					
7	Factory Accommodation (Owned/ rented) (give full particulars)					
8	Details of existing borrowings / banking arrangements					
(a)	Name of Financial Institution/ Bank / Lenders (from whom the unit has availed loan / credit limit)	Nature of assistance/loan limit availed	Amount (Rs.)	Rate of Interest (%)	Length of Relationship (years)	Self-Declaration in respect of conduct of account.
(b)	Name of Financial Institution/ Bank / Lenders		Name of the Officer in-charge of the account	Designation	Contact Details	
9	Details of Auditors/Chartered Accountant					
	Name of Auditor/Chartered Accountant		Name of the auditor in-charge of the account	Designation	Contact Details	

10	Production Capacity			
	Class of Goods	Units (FY-11)	Installed Capacity (FY-11)	Actual Production
11	Customers' References (Please list some customers which have had dealings with your company in the past 6 months)			
	Name of the Customer	Country	% of Total Sales	
12	Suppliers' References (Please list some suppliers which have had dealings with your company in the past 6 months)			
	Name of the Supplier	Country	% of Total Purchases	
13	Name and Address of Associate Concerns			

Signature & Stamp _____

Name of the Signatory _____

Designation _____

Date _____

Note:

1. Please note that the rating assigned by ONICRA Credit Rating Agency of India Ltd. under this assignment will not be eligible for consideration under RBI's 'New Capital Adequacy Framework' (commonly known as 'Basel Rating' or 'Bank Loan Rating') declared for Banks.
2. I/We undertake to furnish the desired information and clarifications as required by ONICRA during the rating process within a reasonable period of time, subject to a maximum of 30 days from the date of application. I/We understand that in the event that our request for rating being treated as closed by ONICRA due to non-receipt of complete information, 50% of the fees paid by us would be forfeited by ONICRA. I/We also understand that if ONICRA has carried out an inspection or commenced its rating exercise, and then the application is closed for want of complete information, no amount shall be refunded to us by ONICRA.

Mandatory Documents to be submitted along with the Application Form

Check List (Please Tick)

- Duly Filled Application Form along with Photograph
- SSI Certificate / Entrepreneurs Memorandum
- Photocopy of the Cheque
- Audited Balance sheet and Profit & Loss account for the previous three continuous years, along with complete schedules, if any (if the company is less than 3 yrs old then depending on years of operations, we undertake to provide 2 years audited financials or one year audited financials).

Information Sheet

Nature of business	Job work/Mfg/Service/Trading	Legal status	
Years in current business		Registered with	
Permanent Employees		Registration number	
Contractual Employees		Listed at	
End user Industries	Single/Multiple	Industry Categories	Single/Multiple
Share price movements	Share price as on		
	Share price: Rs.		
	52-week high: Rs.		
	52-week low: Rs.		
	Price quotes from:		

Certifications and awards		Brands	

Statutory compliance <i>** Strike out what is not applicable</i>	Income tax filing:	Regular/Delays/Not Applicable **
	Excise duty filing:	Regular/Delays/Not Applicable **
	Sales tax filing:	Regular/Delays/Not Applicable **
	Wealth tax filing:	Regular/Delays/Not Applicable **
	ESIC and EPF dues:	Regular/Delays/Not Applicable **

Business description		Product / service name	Share in net sales (%)

Customer profile	Retail/Distributor/Direct	Stability of customer profile	High/Medium/Low
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Top 3 Customers' names and location	Product / Service	Length of relationship	% share in sales
		years	
		years	
		years	

Terms of credit		Process of getting orders	Regular orders/retail/tenders
Share of exports	% of net sales	Geographical reach	State/Regional/Well Spread
Marketing network			

Top 3 Suppliers' / Wholesalers' name and location	Product	Length of relationship
		years
		years
		years

Terms of purchase	Raw material availability	Ample/Scarce/NA	Imports	% of Raw Material purchased

Second tier management	Qualified & Experienced/Weak Structure	Decision making powers	Centralized/Decentralized
Litigations against the SME	Yes/No	Litigations against the promoters	Yes/No
Reporting or MIS systems	Yes/No	Frequency of MIS / reporting	Daily/Weekly/Monthly/Others
Type of reporting system	Computerized/ERP /Manual/ Verbal/NA	Asset insurance	Adequate/Inadequate /None

Shareholding pattern as on			
Name of the shareholder	Relationship with promoter	Value (Rs. Lakh)	Shareholding
			%
			%
			%
			%
			%
	Total		%

I/We certify that the details given in this form are true and correct, and that no material fact has been concealed or withheld. I/We also certify that all documents and any information provided by us to ONICRA in relation to the rating exercise is true and correct, and that no material information has been concealed or withheld by us.

Signature & Stamp

Name:

Designation:

Date:



Authority Letter

To,

Onicra Credit Rating Agency of India Ltd.,
11th Floor, Vatika City Point,
MG Road, Gurgaon – 122 002

I / We _____ Proprietor / Managing Partner / Managing Director of _____ hereby authorise the following persons to authenticate documents / give management declaration on behalf of the subject for the purpose of rating.

I / We _____ also declare that they are also authorised to sign personal net worth on behalf of the Proprietor / Partners / Directors required for the purpose of rating of our enterprise.

Sr.	Name of the Person	Designation	Email Ids Signature

For,

(Rubber stamp of the subject along with Full name and designation)

Contact Details: Address

Phone No.: _____ Mobile No.: _____

Email ID: _____

Date: ___/___/_____ Place: _____

*(To be printed on the letter head of the subject or affix Authorised signature & seal of the enterprise)

Undertaking for payment in lieu of subsidy from NSIC

I / We declare that we have not availed of the subsidy benefit towards the rating fees through NSIC in respect of any other agency to carry out the 'Performance and Credit Rating' of our unit/firm. We undertake to pay the full rating fee as per applicable price list of ONICRA, if the application is rejected by NSIC for getting rated earlier and awaiting subsidy under the NSIC-ONICRA Performance and Credit Rating scheme.

Signature & Stamp

Name:

Designation:

Date:

Acknowledgement – Customer Copy

We acknowledge the receipt of Rs. _____ as rating fees for ONICRA Performance and Credit Rating From
_____ Vide Cheque / DD No _____ Dated
____/____/____ Drawn on _____ Bank Payable at _____.

Received by: _____ Signature: _____

Contact No.: _____

Corporate Office

ONICRA Credit Rating Agency of India Ltd

11th Floor, Vatika City Point, MG Road, Gurgaon, Delhi NCR – 122 002

Fax: 0124-3076033

Email: sme_nsic@onicra.com Website: www.onicra.com