

Form for claiming Viability Gap Funding (VGF) towards Capital Support under North East BPO Promotion Scheme (NEBPS)

Separate form for each MSA

Section 1					
Name of the Unit				In Principal Approval Number	
Address of the BPO/ ITES Unit				In Principal Approval Date	
				DDMMYYYY	
		Master Service Agreement Number			
City :		Pin :		Master Service Agreement date	
State :				DDMMYYYY	
		Date of Commencement of operations		DDMMYYYY	
(a) Number of BPO/ITES Seats as per MSA					
(b) Employment Target [(1.5 times of (a))]					
(c) Bid Amount per seat					
₹					
(d) Total Expenditure on Admissible Items (Listed in Annexure A) with details of purchase and CA certificate as per Appendix-A and Appendix-B respectively			(e) 50% of Total Expenditure (for which capital support is claimed) [50 % of (d)]		
₹			₹		
(f) Total Capital Support= [(c) X (a)] or (e) whichever is lower				₹	
Section 2 [Installment claim calculation] First <input type="checkbox"/> Second <input type="checkbox"/> (please ✓ one)					
Average Month wise Employment from the commencement of operations*					
Month 1 M ₁	Month 2 M ₂	Month 3 M ₃	Month N M _N	(g) Total Average Monthly Employment g= (M ₁ +M ₂ ..+M _N)/N	(h) Percentage of Employment Target h = (g)/b *100 [h >= 0.5 (to claim capital support) if h > 1 then consider factor 1 to calculate capital support]
(VGF ₁) Eligible capital support for First Installment i= f X 0.5 X h			(VGF ₂) Eligible capital support for second Installment = 2 X (i) – VGF ₁		
Section 3					
S. No	Documents Checklist				Enclosed (Yes/No)
1.	Performance Bank Guarantee Furnished valid for 3 years [5% of (c) X (a)]				
2.	Details of regular employees recruited/Joined the unit after Commencement of operation (as per Appendix-C)				
3.	Necessary permissions and registrations required as per DoT Guidelines w.r.t BPO Operations				
4.	Provident Fund Account Number Regular Employees (recruited/joined the unit after the issuance of IPA)				
5.	Proof of Employee State Insurance (ESI) contribution for the regular employees eligible under this scheme and recruited/joined the unit after the issuance of IPA.				
6.	Certificate of disability issued by a medical authority (Notified by State Govt.), if applicable.				
7.	Proof of expenditure incurred on admissible items like invoice in the name of company/authorized person				

8.	Proof of ownership of space/lease agreement for at least 3 years.	
9.	Quarterly progress report submitted to STPI for each quarter after Commencement of Operation	
10.	Any other relevant documents.	
	Details of Other Documents	1. 2.

Note: Any further documents if deemed required by STPI for clarification will be communicated to the unit while processing the claim.

Undertaking and Declaration

I/We hereby solemnly undertake/declare that the particulars stated above are true and correct to the best of my/our knowledge and belief. No other application for Capital Support has been made or will be made in future against purchase covered by the application.

- (a) The items/equipment for which the claim has been made are covered under NEBPS (as per list of admissible items (Annexure-A) of MSA) and meant for utilization of the BPO/ITES unit and will be utilized only in our unit and we shall not divert or dispose-off the items/equipment procured after commencement of operations at least up to three years.
- (b) The items/equipment for which the claim has been made have been entered into the stock register maintained by the unit.
- (c) Any information, if found to be incorrect, wrong or misleading, will render/us liable to rejection of our claim for capital support without prejudice to any other action that may be taken against us in this behalf.
- (d) All Claims are being made for BPO/ITES Operation set up under NEBPS.
- (e) The amount overpaid, if any will be refunded by me/us to the extent of the excess amount paid.

Signature of Authorized Signatory: _____

Name in Block Letters: _____

Designation: _____

Name of the Applicant: _____

Unit: _____

Date and Place: _____

Instructions:

- 1. It is mandatory to completely fill in all fields provided in the form.
- 2. In Section 3, row number 1 to 9 fill only either Yes or No.
- 3. In Section 3, row no. 10 fill the details of the documents submitted, if any.
- 4. All submitted supporting documents should be self-attested.

*** Procedure to calculate Average Monthly Employment in the unit:**

Assuming a unit setup for 100 seats BPO/ITES operations commenced form 1st day of the month. If the number of employees in the unit changed (Joined or relieved) at 2 instances (in this example it is 11th and 16th day of the month) then monthly average employment will be calculated as under:

Duration (D)	Number of employees (N)
1 st to 10 th day of the month (D1)	50 (N1)
11 th to 15 th day of the month (D2)	120 (N2)(70 employees joined on 11 th day of the month)
16 th to 31 st day of the month (D3)	225 (N3) (105 employees joined on 16 th day of the month)

D= Number of days, N= number of employees

$$\text{Average Monthly Employment} = \frac{N1 \times D1 + N2 \times D2 + N3 \times D3}{\text{Total Number of days in a Month}} = \frac{50 \times 10 + 120 \times 5 + 225 \times 16}{31} = 151.6$$

Details of items/equipment purchased to setup BPO/ITES operations under NEBPS

(Separate for each Unit/MSA)

Sl. No. (i)	Suppliers Name and Address (ii)	Description of items/equipment (iii)	Quantity (iv)	Invoice value (v)	Date of Invoice (vi)	Date of receipt of the items/equipment in the Unit (vii)

Appendix –B

CHATERED ACCOUNTANT CERTIFICATE

I/We hereby confirm that I/We have examined the item/equipment receipt registers, books of account and the bank statement in respect of the items/equipment mentioned in the **Table** appended, and each entry of the application of M/s ----- in respect of Master Service Agreement (MSA) No.....dated.....is from the date of issue of IPA and hereby certify that:

- (i) The following documents/records have been furnished by the applicant and have been examined and verified by me/us, namely material handling registers, original invoice/bill, books of accounts and Bank Statement,
- (ii) Relevant registers have been authenticated under my/our seals, signatures. It has been ensured that the information furnished is true and correct in all respects, no part is false or misleading and no relevant information has been concealed or withheld.
- (iii) The payments have been made by the said M/s ----- to the suppliers in respect of items/equipment received against the original invoice bill(s) as indicated in the table annexed hereto.
- (iv) The payments have been made through normal banking channel and have been credited to the accounts of the suppliers.
- (v) All the items shown in the table are admissible for reimbursement provisions of NEBPS.

Neither I/We nor any of our partners is a partner/Director or an employee of the above named entity of its associated concerns.

I fully understand that any submission made in this certificate if proved incorrect or false, will render me/us liable to face any penal action or other consequences as may be prescribed in the law or otherwise warranted.

Signature & Stamp/Seal of the Signatory -----
Name-----
Membership No.....
Full Address -----
Name and address of the Institution where registered:

Date:
Place:

Table

DETAILS OF ITEMS/EQUIPMENT BROUGHT INTO BPO/ITES UNIT

(Separate for each Unit/MSA)

Sl. No.	Suppliers Name and Address	Description of items/equipment	Quantity received and accepted	Invoice value accepted	Invoice/Bill No. and Dated	Date of receipt of the items/equipment	Online Transaction ID/ Cheque/DD No. and Amount of Payment	Name of Bank and Branch
(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)	(viii)	(ix)

Note: Table shall show supplier-wise sub-total and grand total of column (v) and (viii) Cheque/DD amount.

Signature & Stamp/Seal of the Signatory -----
 Name-----
 Membership No. -----
 Full Address -----
 Name and Address of the Institution where registered.....

Date:
Place:

Details of regular employees recruited/joined the unit after Commencement of operation

S. No.	Name of employee	Designation	Male/Female	Differently Abled (Yes/No)	Support Staff (Yes/No)	Date of joining the Unit	Date of Relieve from the unit	AADHAAR Number	Provident Fund account number	Employee State Insurance (ESI) contribution	State Professional Tax
1.											
2.											

Signature of Authorized Signatory: _____

Name in Block Letters: _____

Designation: _____

Name of the Applicant: _____

Unit: _____

Date and Place: _____

Annexure A

S. No	Description
1.	Servers with OS
2.	Software and Hardware per license cost for BPO/ITES operations
3.	Networking Equipment (Switches, Routers, Firewalls, Voice/Video Conferencing Gateways)
4.	Workstations (Desktop, Laptop, Tablets, IP phones, Headsets)
5.	Data Storage
6.	Structured Cabling
7.	UPS
8.	Printer, Copier, Scanner & Projector
9.	Refrigerator & Water Purifier
10.	Fire & Security Items
11.	Computer Furniture
12.	Electrical wiring & fittings
13.	Central Air-conditioning equipment, air-conditioning System
14.	Captive Diesel Generating Set and transformer of capacity commensurate with the actual requirement of the unit , solar power / Non conventional Energy Generation Set (OPTIONAL)*
15.	Fax Machine
16.	Private automatic branch exchange
17.	Data Communication Equipment, Modem & VSA
18.	Other misc. goods not exceeding 5 % of the total cost of above items including Tools, kits and spares