

## CHECKLIST FOR MANUFACTURER LICENSE

(Remarks)

1. Name of the Manufacturing concern for :  
which license is desired

2. Complete address of the concern :

3. Status of the premises :

4. Village in which the firm is located :

5. Date of the Establishment of  
workshop/factory :

6. Company/Firm Type :

7. Details of Proprietor

| Name | Type | Relation | Relation name | Address |
|------|------|----------|---------------|---------|
|      |      |          |               |         |





8. Trade Licence No/ Reg. No

9. Local Body Trade issue date :

10. Nature of Manufacturing activities at  
present :

11. Types of weights and measures  
proposed to be manufactured

(i) Weights :

(ii) Measures :

(iii) Weighing Instruments :

(iv) Measuring Instruments :

12. Total Number of Employed / proposed  
details

| SKILLED | SEMI SKILLED | UNSKILLED | TRAINED |
|---------|--------------|-----------|---------|
|         |              |           |         |





13. The monogram or trademark intended  
to be imprinted on weights and measures  
to be manufactured

14. Details of machinery, tools,  
accessories, owned and used for  
manufacturing weights measures  
etc

15. Details of foundry workshop facilities :   
arranged. Whether ownership, long term  
lease etc

Premise Number :

Premise Location :

Premise Typr :

16. Facilities of steel casting and hardness :   
testing of vital parts etc or other means

17. Availability of electric energy :

18. Details of loan received from :   
Government or Financial Institution. If so,  
give details

19. Name of Bankers if any :

20. Type Of TAX

| Tax Type             | Tax Number           |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

21. Have you applied previously for a :   
Manufacturer's license

22. Details of model,approval,region of  
sale etc.

| type                 | wm_details           | approve<br>mark      | gazetee<br>notif. no | gaz not date         | region of<br>state   |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Signature of the Inspecting Officer

Signature of the applicant