

(On Non-judicial stamp paper of Rs.100 /- or more & duly Notarized)

AFFIDAVIT

I, _____, Director/Partner/Proprietor/Authorized Signatory of Developer Company/Firm namely, M/s. _____ applying for registration of Industrial Park under the Scheme for Financial Assistance to Industrial Parks, Gujarat Industrial Policy 2020 under the Government Resolution No. GID-102020-324968-G, Dt.01/09/2020. The Industrial Park namely, _____ to be located at _____, Taluka: _____, Dist: _____ do here by declare on solemn affirmation the following facts.

1. Our above stated Industrial Park is to be situated at Village: _____, Taluka: _____, Dist.: _____ has total land area not less than 20 Hectares (5 Hectares for Vanbandhu Taluka) and having all Survey Nos./Block Nos. are contiguous in which the proposed Industrial Park is to be developed.
2. Developer's sister concern(s) / inter connected company / Group Company as well as the applicant company itself has not availed any financial assistance for this Industrial Park from the Department / Organization / Agencies of Government of Gujarat.
3. Developer has not obtained / applied for or will not obtain any grant / subsidy from any Department / Organization / Agencies of State Gov. for the same purpose / activity / same components.
4. Developer shall have to abide by the terms & conditions of Government Resolution No. GID-102020-324968-G, Dt.01/09/2020 and all amendment thereof under the Gujarat Industrial Policy 2020 & Guideline issued by the Office of the Industries Commissioner and its amendments from time to time.
5. I solemnly affirm the above contents to be true and correct, if any of the information is found to be incorrect and not fulfilling provisions laid down in the Government Resolution No. GID-102020-324968-G, Dt.01/09/2020 and all amendment thereof under the Gujarat Industrial Policy 2020 & Guideline issued by the Office of the Industries Commissioner and its amendments from time to time, Registration / Incentives are liable to be cancelled and I/We am/are bound to repay the entire amount of incentives which were availed by us as per orders of appropriate authority.

Place:

Date:

Authorized Signature

Name:

Designation: