

PHARMACEUTICALS & MEDICAL DEVICES BUREAU OF INDIA
(PMBI)

8TH, FLOOR, VIDEOCON TOWER, JHANDEWALAN EXTENSION, NEW DELHI -110055

PMBI/CIR/01/Grant/Special Incentive/2020-21

CIRCULAR

Procedure for reimbursement of Special Incentive Rs. 2 lakhs

As per PMBJP Guidelines applicable from 01.04.2020, PMBI will provide Rs. 1.50 lakhs for furniture & fixtures and Rs. 0.5 lakh for computer, internet, printer, scanner etc.

As per clause IV point b. Special Incentive mentioned in PMBJP guidelines-

Special Incentive: Special incentive shall be granted for PMBJK opened by the Women entrepreneurs, divyaang, SC, ST & any entrepreneurs open 'Janaushadhi Kendra (PMBJK)' at aspirational districts (backward district) as notified by the NITI Aayog & in Himalayan, Island territories and North- Eastern States.

An amount of Rs. 2.00 lakhs in addition to normal incentives as applicable is to be given to above mentioned entrepreneurs as mentioned below: -

- (i) Rs. 1.50 lakh reimbursement of furniture and fixtures
- (ii) Rs. 0.50 lakh as reimbursement for Computer, internet, printer, scanner etc.

This will be one-time grant for opening of new PMBJK against submission of original bills and restricted up to actual expenditure incurred.

- PMBJP Kendra entrepreneur will prepare the infrastructure i.e. furniture & fixtures & computer, internet installation (dongle, router with complete set-up), printer, scanner etc
- **Following documents must be submitted within 90 days of Issuance of Drug Licence to PMBI for reimbursement as per details given below.**

1. Self-certified (stamp & sign) Covering letter by PMBJP Kendra entrepreneur mentioning store code & summary of bills for reimbursement of furniture & fixtures, computer internet installation, printer, scanner etc (Page No-03)
2. Self-certified (stamp & sign) Bank Details i.e. copy of cheque & passbook for NEFT/RTGS
3. Self-certified (stamp & sign) Original Invoices (bills) by PMBJP Kendra entrepreneur
4. Self-certified (stamp & sign) Form GFR 19A by PMBJP Kendra entrepreneur (Page No-04)

5. Self-certified Undertaking (stamp & sign) by PMBJP Kendra entrepreneur i.e. Aspirational Districts as notified by the NITI Aayog & in Himalayan, Island territories and North- Eastern States, Woman Entrepreneur, if applicable (Page No-05,06)
6. Self-certified Undertaking (stamp & sign) by PMBJP Kendra entrepreneur i.e. SC, ST, DIVYAANG, if applicable (Page No-07)
7. Copy of certificate i.e. SC, ST, DIVYAANG certified by gazetted officer or by issuing authority, if applicable
8. Self-certified Photograph of shop showing furniture & fixtures, computer, internet installation (dongle, router with complete set-up) printer, scanner etc
9. Self-certified drug license copy by PMBJP Kendra entrepreneur would be enclosed with all the above-mentioned documents.

NOTE- Submission of correct information and bills to PMBI is whole responsibility of PMBJP Kendra entrepreneur. In case of any delay or In case of submission of false information will lead to reject as well as recovery and legal action will be taken against the PMBJP Kendra entrepreneur.

Encl: (i) Covering Letter

(ii) Form GFR 19A

(iii) Self-Undertaking Form for Aspirational Districts as notified by the NITI Aayog & in Himalayan, Island territories and North- Eastern States, if applicable

(iv) Self-Undertaking Form for Woman Entrepreneur, if applicable

(v) Self-Undertaking Form for SC, ST, DIVYAANG, if applicable

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(PMBI)

8TH, FLOOR, VIDEOCON TOWER, JHANDEWALAN EXTENSION, NEW DELHI -110055

COVERING LETTER

To,
The CEO,
Pharmaceuticals & Medical Devices Bureau of India (PMBI),
8th/9th Floor Videocon Tower, Block E1 Jhandewalan Extension,
New Delhi -110055

Date

Subject-: Regarding reimbursement against special incentive under the category of

.....Store Code-PMBJK.....

The following documents are enclosed herewith-

1. Self-certified (stamp & sign) Bank Details i.e. copy of cheque & passbook for NEFT/RTGS
2. Self-certified (stamp & sign) Original Invoices (Bills) by PMBJP Kendra entrepreneur
3. Self-certified (stamp & sign) Form GFR 19A by PMBJP Kendra entrepreneur
4. Self-certified Undertaking (stamp & sign) by PMBJP Kendra entrepreneur i.e. Aspirational Districts as notified by the NITI Aayog & in Himalayan, Island territories and North- Eastern States, Woman Entrepreneur, if applicable
5. Self-certified Undertaking (stamp & sign) by PMBJP Kendra entrepreneur i.e. SC, ST, DIVYAANG, if applicable
6. Copy of certificate i.e. SC, ST, DIVYAANG certified by gazetted officer or by issuing authority, if applicable
7. Self-certified Photograph of shop showing furniture & fixtures, computer, internet installation (dongle, router with complete set-up) printer, scanner etc
8. Self-certified drug license copy by PMBJP Kendra entrepreneur

PMBJP Kendra entrepreneur
(Stamp & Sign)

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FORM GFR - 19A

UTILIZATION CERTIFICATE IN RESPECT OF FUND UNDER THE SCHEME OF PMBI
PRADHAN MANTRI BHARTIYA JANAUSHADHI KENDRA RUN BY THE

Rs. In Lakhs _____

S.No.	Sanctioned amount as Financial Assistance	Amount (in lakhs)	Pradhan Mantri Bhartiya Janaushadhi Kendra of PMBI, Name of Place _____
1	Rs. 1,50,000/- (Rupees one lacs) as Furniture & fixture cost and Rs 50,000/- (Rupees Fifty thousand) for computer, internet, scanner, printer etc cost against MOU/Agreement dt.Vide	RS. 2.00 lakhs	Certified that an amount of Rs. 2.00 lakhs of financial assistance sanctioned by PMBI for opening of Pradhan Mantri Bhartiya Janaushadhi Kendra at _____, The full amount of Rs.....has been utilized fully.

Rs. 2.00 lakhs

Certified that I have satisfied myself that the condition on which the financial assistance was sanctioned has been fulfilled.

PMBJP Kendra entrepreneur
(Stamp & Sign)

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(SELF UNDERTAKING OF PMBJP KENDRA FOR AVAILING ONE TIME SPECIAL INCENTIVE ON OPENING OF PMBJK UNDER CATEGORY OF ASPIRATIONAL DISTRICT (BY NITI AAYOG) HIMALAYAN/ISLAND TERRITORIES/NORTH - EASTERN STATES)

I, _____ S/o / D/o / W/o of Shri

resident of (Full permanent address of residence)

District _____ State

Pin code _____ is applying
for Pradhan Mantri Bhartiya Janaushadhi Kendra for the location at (Full address of shop)
_____ under the
category of _____ (Aspirational district notified by Niti Aayog,
Himalayan/Island territories/North-Eastern States).

It is to certify that neither myself, nor any of my relative have availed the benefits of special incentive by opening Pradhan Mantri Bhartiya Janaushadhi Kendra under the category of Aspirational district notified by Niti Aayog, Himalayan/Island territories/North - Eastern States.

(Note: Hereinabove "Relative means in relation to an individual, Means the husband, wife, unmarried dependent brother or sister or any lineal ascendant or descendant of that individual.")

(Signature of Applicant)

Name of the applicant :

S/o / D/o / W/o :

Aadhar No. :

Pan Card No. :

Contact Number :

Email Id :

In Principal approval No :

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(SELF UNDERTAKING OF PMBJP KENDRA FOR AVAILING ONE TIME SPECIAL INCENTIVE ON OPENING OF PMBJK UNDER CATEGORY OF WOMAN ENTREPRENEURS)

I, _____ D/o / W/o of Shri

resident of (Full permanent address of residence)

_____ District _____ State
_____ Pin code _____ is applying
for Pradhan Mantri Bhartiya Janaushadhi Kendra for the location at (Full address of shop)
_____ under the
category of _____ (Woman Entrepreneurs).

It is to certify that neither myself, nor any of my relative have availed the benefits of special incentive by opening Pradhan Mantri Bhartiya Janaushadhi Kendra under the category of Woman Entrepreneurs.

(Note: Hereinabove "Relative means in relation to an individual, Means the husband, wife, unmarried dependent brother or sister or any lineal ascendant or descendant of that individual.")

(Signature of Applicant)

Name of the applicant :
S/o / D/o / W/o :
Aadhar No. :
Pan Card No. :
Contact Number :
Email Id :
In Principal approval No :

PHARMACEUTICALS & MEDICAL DEVICES BUREAU OF INDIA

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(SELF UNDERTAKING OF PMBJP KENDRA FOR AVAILING ONE TIME SPECIAL INCENTIVE ON OPENING OF PMBJK UNDER CATEGORY OF DIVYAANG/ SC/ST)

I, _____ S/o / D/o / W/o of Shri
resident of _____ (Full permanent address of residence)

_____ District _____ State
_____ Pin code _____ is applying
for Pradhan Mantri Bhartiya Janaushadhi Kendra for the location at (Full address of shop)
_____ under the
category of _____ (Divyaang/ SC/ST).

It is to certify that neither myself, nor any of my relative have availed the benefits of special incentive by opening Pradhan Mantri Bhartiya Janaushadhi Kendra under the category of DIVYAANG/SC/ST.

(Note: Hereinabove "Relative means in relation to an individual, Means the husband, wife, unmarried dependent brother or sister or any lineal ascendant or descendant of that individual.")

(Signature of Applicant)

Name of the applicant :

S/o / D/o / W/o :

Aadhar No. :

Pan Card No. :

Contact Number :

Email Id :

In Principal approval No :