

Annexure-A
(to CBIC Circular No. 06/2021-Customs)

Format of reporting for Setting up of an Inland Container Depots/Container Freight Stations/Air Freight Stations by the jurisdictional Principal Commissioner/Commissioner.

1	Name of the Zone	
2	Name of the entity	
3	Entity type:	<input type="checkbox"/> PSU <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Pvt. Ltd. <input type="checkbox"/> Others
4	State of facility proposed	
5	Status of State's infrastructure (as per LEAPP score)	
6	Application for (Mark whichever applicable)	<input type="checkbox"/> ICD <input type="checkbox"/> CFS <input type="checkbox"/> AFS <input type="checkbox"/> CFS to ICD <input type="checkbox"/> Change of location of an existing ICD/CFS/AFS
7	Geographical Zone of facility (Mark whichever applicable)	<input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Red
8	Authorized Economic Operator-Logistics Operator Status Holder	Yes/No (If yes, please provide details)
9	Distance from Port <i>[As per Para 4.1.3 of Circular 50/2020-Customs, the development of ICDs within 200kms of a connecting/nearest serving seaport shall be discouraged.]</i>	
10	Distance from nearest ICD <i>[As per Para 4.1.4 of Circular 50/2020-Customs, no Greenfield ICD shall be permitted to be established within 100kms distance from existing ICD.]</i>	
11	Nearest Rail linked ICD <i>[As per Para 4.1.8 of Circular 50/2020-Customs, no approval for Greenfield ICD shall be accorded with more than one ICD directly connected to railway corridors/DFCs.]</i>	



12	Whether CFS linked to ICD ? <i>[As per Para 4.1.10 of Circular 50/2020-Customs, no CFS shall be set up which is linked to an ICD.]</i>												
13	Number of existing ICDs/CFSs and names												
14	Installed capacity of existing ICDs/CFSs in TEUs	<table border="1"> <thead> <tr> <th>Name of the facility</th> <th>Capacity in TEUs</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Name of the facility	Capacity in TEUs									
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15	Current capacity utilization of existing ICDs/CFSs in TEUs	<table border="1"> <thead> <tr> <th rowspan="2">Name of the facility</th> <th colspan="3">Capacity Utilization in TEUs for past 03 years</th> </tr> <tr> <th>Export</th> <th>Import</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name of the facility	Capacity Utilization in TEUs for past 03 years			Export	Import	Total				
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16	Future projection of traffic in region for the next 05 years	<table border="1"> <thead> <tr> <th>Year</th> <th>Capacity in TEUs</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Year	Capacity in TEUs									
Year	Capacity in TEUs												
17	Manpower availability												
18	In terms of Circular No. 02/21-Customs dated 19.01.2021, the sanction for cost recovery posts shall be obtained before commencement of operations. Despite posts being sanctioned, till the vacant posts are filled up, whether the formation can deploy manpower from the existing working strength should be clearly mentioned ?												
19	Land Availability <i>[As per Para 4.3.1 of Circular 50/2020-Customs, minimum area required for ICD is 07 hectares , 02 hectares for CFS and 1000 sq. yard for AFS.] 1 hectare = 2.47 acre</i>	The proposed facility meets/doesn't meet the requirement. Remarks if any:											
20	Ownership of land <i>[As per Para 4.3.2 of Circular 50/2020-Customs, the land should either be owned for leased for a period of 30 years.]</i>												
21	Comments on prior experience <i>[As per Para 4.4.2 of Circular 50/2020-Customs, the applicant must have a prior experience of operating as CCSP or should have other trans-border logistics</i>	The applicant meets/doesn't meet the requirement. Remarks if any:											

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	<i>experience.]</i>	
22	Comments on the Detailed Project Report: Whether the claims made by the applicant in support of their application in the DPR are correct ?	(Detailed observation may be given)
23	Any exception to be made for considering the application? If so the details thereof.	
24	Any other notable remarks	
25	Recommendation	Recommended/Not Recommended

Note: All the items shall be filled up objectively; no item shall be left blank and entries like 'no comments' shall be avoided.

Signature of Pr. Commissioner/Commissioner

Name:

Commissionerate:

Counter Signed by

Signature of the Pr. Chief/Chief Commissioner

Name:

Zone:

