MODEL LOAN APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER SELF EMPLOYMENT PROGRAMME (GROUP) COMPONENT OF DEENDAYAL ANTYODAYA YOJANA-NATIONAL URBAN LIVELIHOODS MISSION (DAY-NULM)

То	То																				
														 	 	•••••					
1. Na	1. Name of the Group Enterprise																				
2.	Formation																				
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4.	4. Communication Address																				
	sipality																				
Distric																					
e-mai					Contact No.																

5. Permanent Address

Same as above

					-		_		_	_	_	_			-	_	_	-		_	
Municipality District :-																					
Di	strict	t :-																			
e-mail										Сс	ontac	t No).								

6. Current Annual Income (in Rs.):-

7. Details of the Members:-

Sl.no	Name of Group	Name of	Gender	Date of	Occupation	Address
	Members	Father/Husband	(M/F)	birth		
1						
2						
3						
4						
5						
6						
7						

0											
8 9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
Pro	8. Whether Entrepreneurship Development Yes No (Mark $$										
	Name & Addr	ress of Tr	aining Institute	Number of	Period	of Training	Certific	ate Issue date			
				participants	From	То					
	-		her training (Ma			/es] No]			
			s are belongs to	×			1				
	SC	ST	OBC	PWD	Ex-Ser	viceman	Minority	General			
12.	12. Unique Identification No. (Any One) Aadhaar No : Pan Card : Driving License No : BPL Card No. :										
	AAY Card	No. :			Ratic	on Card No.					
13.	Whether th	ne Projec	t for (Mark $$)		Manufac	turing Unit					
Business/Service Unit								_			

Name of the Project/Business activity proposed with estimated projections (enclose the plan):- .

14.

15. Amount of Loan Required (in Rs.)

Building Type	Capi	tal Expenditure Loan		Working	Total
(Own/Leased/Rented)	Work shed, Building etc.	Machinery & Equipment	Pre-operative Cost	Capital/Cash Credit Limit	

16. Details of earlier or current Loan/Grant and Subsidy availed from Central/State Govt. Scheme/or any other similar scheme.

Activity of the project with Address	Amount (in Rs.)	Year of Sanction

17. Details of Bank Accounts

Name of the Bank with Branch Address	
Account Number	
Date of Opening	

18. Name of the preferred Bank & Address in the area for Project Sanction (Optional for Applicant / Mandatory for Task Force)

Bank Name:-

Address :-

Municipality :-

District :-

State:-

Branch Code (IFSC):-

Type of Loan Facility Requirement: - Composite Loan / Term Loan / Working Capital

DECLARATION

We certify that the information provided by me/us above and in annexure are true, accurate, complete and up to date in all respects. We have not withheld any information. Bank is at liberty to verify and take any such action as it may deem fit if my/our statements are found to be untrue. We understand that all of the abovementioned information shall form the basis of my/our loan/subsidy that Bank may decide to grant to us at its sole discretion. We confirm that the copies of address and other supported documents submitted by us along with our loan application are true copies.We further acknowledge Bank has right to seek any information from any other source in this regard.

Place: Date:

Applicants Signatures:

N.B.- Self attested documents to be enclosed:

1) Voter ID.
2) PAN Card.
3) Bank Passbook.
4) Trade License.

FOR OFFICE USE ONLY (ULB LEVEL)

Reject/To be placed before the ULB level Task Force (Reason if rejected)

Place: Date:

Executive Officer, SMB & City Project Officer, ASULMS (DAY-NULM), Silchar

EVALUATION BY THE ULB LEVEL TASK FORCE

- 1. Viability of the proposed project/business:
- 2. Whether the individual / group possess the necessary skill or experience for the proposed project/business?
- 3. Whether there is local demand for the service/product?
- 4. Whether the amount of loan applied is proportionate to the proposed project/business activity? If no, the amount that may be deducted and the total loan that may be approved.
- 5. RECOMMENDATION (Reason if rejected):

Date:
Place:

Executive Officer, SMB & City Project Officer, ASULMS (DAY-NULM), Silchar

Project Proposal

Name of the Project:

Name of the entrepreneur:

Business Address:

Name of the landlord:

A. Fixed Cost:

Dimension of proposed business site: Ft.X.......Ft.

- 1. Renovation Cost:
- 2. Cost of equipments

Sl. No	Equipment	Quantity	Price	Total Amount
1				
2				
3				
4				
5				
6	Transportation Cost			
Total				

3. Cost of Furniture:

Sl. No	Furniture	Quantity	Price	Total Amount
1				
2				
3				
4				
5				
6	Transportation Cost			
Total				

Total Cost (Fixed Cost): 1+2+3=

- B. Working Cost.
- 1. Cost of raw materials:

Sl. No	Raw material	Quantity	Price	Total Amount
1				
2				
3				
4				

5			
6	Transportation Cost		
Total			

2. Wage / Salary

Sl. No	Name of the post	Number	Wage/Salary (Pre Month)	Total Amount
1				
2				
3				
4				
5				
Total				

3. Other Cost

Sl. No		Cost
1	Rent	
2	Electricity Cost	
3	Telephone	
4	Transportation	
5	Insurance	
6	Other	
Total		

Total working Cost: 1+2+3=

Total Project Cost: A+B=

Investment from own source:

Loan required:

Expected income (yearly):

Date:

Place:

Signature