

10. Whether entrepreneurship Development Programme (EDP) undergone for at least 3-7 days (Mark ✓)

Yes No

Name & Address of Training Institute	Period of Training		Certificate Issue date
	From	To	

11. Whether the applicant belong to (Mark ✓)

SC	ST	OBC	PWD	Ex-Servicemen	Minority	General

12. Unique Identification No (Any one) (Mark ✓)

Aadhaar No: - Pan Card: -

Driving License: - BPL Card No: -

AAY Card No: - Ration Card No: -

Voter Id. No:-.....

13. Whether the project for (Mark ✓)

Manufacturing Unit

Business/service Unit

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

15. Amount of Loan required (in Rs.)

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

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

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

Place:

Date:

Applicant Signature

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:

(Jessica R. Lalsim, ACS)
Executive Officer/City Project Officer, SMB

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:

(Signature of the Chairman of the ULB level Task force with Seal)

Bank Acknowledgement Receipt

Loan application No. _____ received on ___/___/_____. Complete document set received on ___/___/_____ for the micro-enterprise loan. Application will be disposed-off and acceptance/rejection notification would be intimated within 15 days from date of receipt of completed application form with supporting documents.

Place:

Date:

Authorized Signature of Bank Branch

Seal

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