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

| То | |
|----|--|
| | |

.....

1. Name of the Group Enterprise

| 2. | Da Fo | ate o orma | of ation | 1 | | | | | | | | | | | | |
|----|----------|---------------|-------------|---|--|--|--|--|--|--|--|--|--|--|--|--|

3. Name of the Contact Person- Authorized Signatory

4. Communication Address

| Muni | cipali | ty | | | | | | | | | | | | | | |
|--------|--------|----|--|--|--|--|--|----|------|------|----|--|--|--|--|--|
| Distri | ict :- | | | | | | | | | | | | | | | |
| e-ma | il | | | | | | | Со | ntac | t No |). | | | | | |

5. Permanent Address

Same as above

| | | | | | | | | | | | | | | | | | |
|-----|-------|---------------|---|--|--|--|--|--|----|-------|------|----|--|--|--|--|------|
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Μι | inici | palit | y | | | | | | | | | | | | | | |
| Di | stric | palit t :- | - | | | | | | | | | | | | | | |
| e-r | nail | | | | | | | | Cc | ontac | t Nc |). | | | | | |

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

7. Details of the Members:-

| Sl.no | Name of SHG | Name of | Gender | Date of | Occupation | Address |
|-------|-------------|----------------|--------|---------|------------|---------|
| | Members | Father/Husband | (M/F) | birth | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

| 8. Whether Entrepreneurship Development | | |
|---|-----|------|
| Programme (EDP) undergone for at least | 3-7 | days |
| (Mark √) | | |

| | Name & J | Address of Traini | ng Institute | | | Period of | Training | | Certifica | ate Issue date |
|--------|-------------|---------------------|--------------|--------------|-------|--------------|-------------|----|-----------|----------------|
| | | | | participants | | From | То | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 9. WI | hether unde | ergone any other | raining (Ma | rk √) | | Ye | s | | No 📃 | |
| 10. lf | ves please | specify: | | | | | | | | |
| |) | | | | | | | | | |
| | | | | | | | | | | |
| 11. | Whether | r the members are | e belonas to | below catego | ories | (specify wit | h number | s) | | |
| | SC | ST | OBC | PWD | ,1100 | Ex-Servi | 1 | | nority | General |
| | | | | | | | | | | |
| 12. | | dontification No. (| | | | | | | | |
| 12. | Unique id | dentification No. (| Any One) | | | | | | | |
| | Aadha | aar No : | | | | Pan Ca | ard : | | | |
| | Drivin | g License No : | | | | | ard No. : | | | |
| | DIVIN | g License No | | | | DFL Ud | aiù NO | | | |
| | Ratior | n Card No | | | | | | | | |
| 13. | Wheth | ner the Project for | (Mark √) | | | Manufactu | rina I Init | | | |
| 10. | Wheth | | | | | manaraota | ing onic | | | |
| | | | | | | Business/S | Service Un | it | | |

Yes

No

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

Applicant Signature

FOR OFFICE USE ONLY (ULB LEVEL)

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

Place: Date:

Signature, Name & Designation of Officer (ULB)

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