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

То																							ра	assı	reco port ogra	size
																							'		Ü	•
1. Na	Name of the Applicants																									
2.	2. Date of Birth																									
3.	3. Sex (Male/Female/Transgender):																									
4.	4. Father's Name/Spouse's name																									
				-																				_	_	
5.	5. Communication Address																									
	_			-		╄								_						-		-	-	<u> </u>	+	Н
Munic	 inalit	\	-	+	$\vdash$	╁														╁		+	+	┢	+	Н
Distric		. y	+	+	+	$\vdash$														+	+	+	+	┢	+	Н
e-mail							<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		С	onta	ct No	D.				$\dagger$	T	1	$\top$	T	十	П
6.	6. Permanent Address Same as above(Mark $\sqrt{\ }$																									
																									-	
Munic Distric		y																								
e-mail													С	ı ontad	t No	). ).								_	-	
7. 8.	7. Current Profession: - (Please Specify) :-																									
10.	10. Qualification:																									
					aden	nic												Т	ech	nica						
																							_	_	_	
Whe	ther	und	ergone	any	trair	ning	(Ma	ark Դ	√)			Y	es					N	0							
f yes:																										
	Name & Address of Training Institute								Period of Training Certificate Issue date							ate										

From

No

Na	me & Addre	ess of Training Institu	ute	Period From	of Training To	Certifi	cate Issue da	te		
12. Whe	ether the app	olicant belong to (Ma	ark √)							
SC	ST	OBC	PWD	Ex-Service	ceman	Minority	General			
13. Uniqu	ue Identificat	tion No. (Any One)		•	<b>,</b>					
Aadh	aar No :			Pan Ca	rd :					
Drivin	g License N	lo :		BPL Ca	ard No. :					
AAY	Card No. :			Ration	Card No					
14. Wheth	ner the Proje	ect for (Mark $\sqrt{\ }$ )		Manufacturing Unit						
				Business/S	Service Unit					
wit	h estimated	oject/Business activ projections (enclose n Required (in Rs.)								
io. AM		Building Type Capita			al Expenditure Loan					
Building	· · · · · · · · · · · · · · · · · · ·						ital/Caah			
Building	· · · · · · · · · · · · · · · · · · ·	Capita Work shed, Building etc.	Mac	hinery & uipment	Pre-operati Cost		ital/Cash edit Limit			
	· · · · · · · · · · · · · · · · · · ·	Work shed,	Mac	•						
Building (Own/Leased/I	Rented)	Work shed,	Mac Equ	uipment	Cost	Cre	edit Limit	ır		
Building (Own/Leased/I	Rented)	Work shed, Building etc.	Mac Equ and Subsidy av	uipment	Cost	Cre	edit Limit			

Yes

No [

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

19. 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

## **FOR OFFICE USE ONLY (ULB LEVEL)**

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

Place Date	
	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	e:
Plac	

## **Bank Acknowledgement Receipt**

Place			Authorized Signatur	e of Bank	Brand	ch		Seal
comp	leted applicat	ion form with su	pporting documents.					
off ar	nd acceptance	e/rejection notifi	cation would be intima	ted within	15 da	ays from dat	e of	receipt of
docur	ment set rece	ived on DD/MM	/YYYY. for the micro-e	nterprise lo	an. A	pplication wi	ll be	disposed-
Loan	application	No		received	on	DD/MM/YY	YY.	Complete