

APPLICATION FORM

FINANCIAL ASSISTANCE UNDER MICRO CREDIT SCHEME IMPLEMENTED BY STATE CHANNELISING AGENCY

(For Non Government Organisation)

1. Name of NGO :
2. a) Registration no. & date :
b) Renewal date of registration :
3. a) Registered Address :
b) Present Function Address :
4. Composition of its managing committee (Name, Address, Occupation of each member) :
5. Details of activities undertaken during last three years for the disabled persons or weaker section of society :
6. Amount of grant-in-aid / loans received during the last three years (year wise) :
a) From Union/ State Govt. Organisations:
b) From International Organisations :
c) Financial Institutions / Bank etc. :
7. Particulars of Proposed Borrowers –

	Name & Address of the borrower	Age	M / F	Category (SC/ST/OBC/Gen/Minority)	Nature of Disability	% of Disability	Annual Income of Borrower	Name & Address of the Activity	Amount proposed by the borrower
a) Rural									
b) Urban									

The antecedents of the NGO have been verified and having regards to information furnished on the infrastructure, financial statements, record of past performance/ activities, I am satisfied that the NGO has the requisite capabilities and capacity to implement the Micro Credit Scheme.

I _____ (full name) hereby declare that the facts and figures as stated above have been verified from the relevant documents and are true and correct to the best of my knowledge & belief.

Date : _____

Place : _____

Name & Signature
of M.D. of SCA with Office Stamp

APPLICATION FORM

FINANCIAL ASSISTANCE UNDER MICRO CREDIT SCHEME IMPLEMENTED BY STATE CHANNELISING AGENCY

(For Self - Help Groups of Non Government Organisation)

NGO Name :

1. Name of the SHG :
2. Date of formation of SHG :
3. Particulars of members :

	Name & Address of the borrower	Age	M / F	Category (SC/ST/OBC/Gen/Minority)	Nature of Disability	% of Disability	Annual Income of Borrower	Name & Address of the Activity	Amount proposed by the borrower
a) Rural									
b) Urban									

4. Name of bank and account no. :
of SHG
5. Details of training (if any) :
for capacity building

I _____ (full name) hereby declare that the facts and figures as stated above have been verified from the relevant documents and are true and correct to the best of my knowledge & belief.

Date : _____

Place : _____

Name & Signature
of M.D. of SCA with Office Stamp