

(INCOMPLETE OR INCORRECT INFORMATION WILL LEAD TO REJECTION OF THE APPLICATION)

NATIONAL HANDICAPPED FINANCE AND DEVELOPMENT CORPORATION

RED CROSS BHAWAN, SECTOR-12, FARIDABAD-121007

COMMON APPLICATION FOR

- A. Loan for **Self-Employment** (Upto Rs. 2.50 lakhs)
- B. Loan for **Agricultural Activities** (Upto Rs. 5.0 lakhs)
- C. Loan for Self-Employment **Amongst person with Mental Retardation. Cerebral Palsy and Autism** (Upto Rs. 2.50 Lakhs)

CHECK LIST

- 1.0 Please submit the application form in two copies alongwith all required documents to the channelising Agency of your State.
- 2.0 The following documents are essential, please ensure that they are attached.
 - 2.1 40% Disability Certificate from medical board of Central/State Government.
 - 2.2 Income Declaration Certificate (on application form itself).
 - 2.3 Birth/Age Certificate from panchayat/municipal/school certificate.
 - 2.4 Educational Qualification Certificate.
 - 2.5 Caste Certificate for SC/ST/OBC.
 - 2.6 One passpoer size photograph and one full size photograph.
 - 2.7 Affidavit stating that no loan has been availed from any other Govt agency for the same purpose.
 - 2.8 All clearances required have been obtained from respective Central/State Govt. Agencies including clearance from State Pollution Control Board if applicable Copy of all such clearances is to be attached.

Note : Each column of the application format alongwith attached proformas should be properly filled up giving appropriate information/suitable remarks No column should be left blank, instead write "NA" (not applicable) in the blank column.

For free distribution in the int erest of persons with disability

ELIGIBILITY CRITERIA

A) Criteria of Disability

The beneficiary should be a disabled person or a co-operative society of disabled persons or's legally constituted association of disabled persons or a firm promoted by disabled persons unless otherwise mention in the scheme for financing.

In order to eligible for loans on concessional interest rates from the Corporation, the minimum degree of disability shall not be less than 40%

A person with disability means a person -

- i) who is blind or
- ii) who is person with low vision, or
- iii) who speech and hearing handicapped or
- iv) who has a locomoter disability on account of orthopedic neurological impairment (including cerebral palsy) or
- v) who is mentally retarded, or
- vi) who is multiple handicapped, and includes any person who is unable to ensure by himself/herself,
- vii) wholly or partly, the necessities or a in his/her physical life including work, as a result or deficiency, whether congenital or not, in his/her physical or mental capabilities.

Explanation for the purpose of the disabilities mention above:

- i) a person shall be demand to be blind if he suffers from either of the following conditions, namely–
 - a) total absence of sight, or
 - b) visual acuity not exceeding 6/60 or 20/200 (snellen in the better eye with correcting lenses) or
 - c) limitation of field of vision subtending an angle of 20 degree or worse
- ii) a person with low vision is one who has impairment of visual functioning even after treatment and standard refractive correction, but who uses or is potentiality able to use vision for the planning or execution of a task with appropriate assistive device.
- iii) a person shall be deemed to be deaf if he/has cost sixty decibels or more in the better ear in the conversational range or frequencies.
- iv) a person shall be deemed to have locomoter disability if he is having disability of the bones joints or muscles leading to substantial restriction of the movement of the limbs or it has any form of cerebral palsy.
- v) mental retardation refers to sub-average general intellectual functioning which originates during the development period and is associated with impairment in adaptive behaviour.
- vi) mentally ill person shall have the same meaning as assigned to the word in para (a), section 2 Chapter 1 of mental Health Act, 1987.
- vii) Leprosy cured persons mean and included leprosy-cured persons –
 - a) with loss or sensation in heads or feet as well as of sensation and paresis in the eye and eye lid but with no manifest deformity.
 - b) with manifest deformity and paresis but having sufficient mobility in their hands and feet enable them to engage in normal economic activity;
 - c) suffering from extreme physical deformity as well as advanced age which prevents them from reentering into any economic activity;
- viii) multiple handicapped means and includes a person with more than one disability.

B) Economic/Income Criteria

Unemployed disabled persons whose family income is below Rs. 50,000/- p.a. for rural areas and Rs. 1,00,000/- p.a. for urban areas (five times of poverty line) are eligible for availing loan facility (Family means parents of spouse of dependent disabled).

In case of self dependent disabled, the income of the individual will only be taken into account

The economic criteria will also be applicable to each member of a cooperative society of disabled persons, association or disabled persons and firm promoted by disabled person seeking financial assistance from NHFDC.

Minimum age limit for availing loan is 18 years However, the maximum age could be relaxed in the case of professionally qualified entrepreneurs.

The sanctioned loan amount and repayment period will depend on the age of applicant.

C) Other Requirement the applicant :

The sanctioned loan amount and repayment period will depend on the age of applicant.

- (1) should be an Indian citizen;
- (2) should be domicile of the state where the project is proposed to be put up;
- (3) should not have relevant educational/vocational qualification/experience background;
- (4) should not have any large outstanding debt from other organization and should not be financial defaulter;
- (5) should be from agricultural background and project location should be in agricultural area seeking loan under the scheme assistance for Agricultural Activities;

1. PARTICULARS OF APPLICANT

- a) Name & Address of Applicant
- b) Father's / Husband's name
- c)
 - i) Details of disability (attach attested photocopy of certificate from competent authority)
 - ii) Percentage of disability.
- d) Family details
- e) Annual income of individual, if dependent, please give income of family/spouse. (attach attested copy of income certificate)
- f)
 - i) Date of birth (attach attested copy of certificate)
 - ii) Age as on 1st of the following month during which the application is submitted
- g) Educational and technical background particularly related to the proposed project/scheme.
- h) Employed/ self-employed/ unemployed. Give details if employed or self-employed.
- i) Whether belong to SC/ST/OBC Other
- j) Existing activities and financial status including land holding. Fixed assets in the name of applicant.

Passport size Photo

2. PROPOSED ACTIVITY

- a) Name of the scheme/Project
- b) Details of the project or proposed activity
- c)
 - 1) Location of Unit
 - 2) whether/confirming or non-firming (Please specify of the State Govt / local authority).

3. COST OF THE PROJECT

(Rs. In lakhs)

Sl. No.		Items	Cost
1)	*	Miscellaneous Fixed Assets (see note below)	
2)		Preliminary & pre operative expenses	
3)		Contingencies & cost escalations	
4)		Others, if any (Please specify)	
5)	* *	Working Capital (see not below)	
			Total_____

Note :-

- * a) Furnish details of (1) above
- ** b) Working capital amount may be included as part of cost of project, where total cost of the scheme dose not exceed Rs. 50,000/-

4. MEANS OF FINANCE

Sl. No.	Source	Amount & % of total cost
1)	Promoter's Contribution	
2)	Subsidy, if any	
3)	Term Loan	
4)	Banks / Other Fees	
5)	Others, if any specify	
		Total_____

5. ECONOMICS OF PROJECT

- i) Average monthly
- ii) Monthly expenses
(Raw material stores, spares, salary, wages etc)
- iii) Substance of proprietor
- iv) Other expenses
- v) Total expenses
- vi) Monthly surplus

6. MAN POWER REQUIREMENT

Sl. No.	Category	Average salary p.m.
1)	Managerial	
2)	Supervisor	
3)	Skilled	
4)	Unskilled	

Total _____

7. MARKETING ARRANGEMENTS

- a) Demand and Supply position in the area
- b) Selling Arrangements

8. REPAYMENT SCHEDULE

- a) Please indicate Moratorium period needed, with justification
- b) Repayment in terms of quarterly / half yearly / Instalments (maximum repayment period is 7 years including moratorium period)

Note For loans for agricultural activities, the Repayment has to be made in yearly instalments.

9. IMPLEMENTATION SCHEDULE

Give details how the project will be implemented income generating level

10. WORKING CAPITAL REQUIREMENT

(Give details of working capital required 3 months.)

11. OTHERS

- i) Government consents,
- ii) Environmental clearance
- iii) Other Govt. clearances, if any etc.

12. CERTIFICATE

- 1. I / We certify that all information furnished by me / us true, that I / We have no borrowing arrangements for the unit with any bank / financial, institution, except as mentioned above, that no legal action has been / is being taken against me / us. That I / We shall furnish all other information that may be required by you in connection with my our application, that this may also be exchanged by you with any agency you may deem fit, and that you, your representatives of RBI or any other agency authorised by you may at any time inspect / verify our assets, books of account, etc. in our factory any business premises.

- 2. I / We further certify that I / We do not have any over dues in respect of any financial assistance I / We have availed so far.

Place.....

Signature of applicant

Date

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For Office Use Only

(To be filled by SCA)

- A: 1. Name of official who interviewed the applicant
2. Remarks
- a) Repayment programme Rs.....
- b) Repayment capacity Rs.....
- Monthly surplus
- Monthly instalments proposed
- Monthly instalments for existing term
- Loan and other obligations (to be specified) Rs.....
- Total monthly obligations Rs.....
- Debt Service ratio
- c) Comments
- iv) Remarks of the technical report, if obtained
- v) Loan recommended
- vi) Other remarks

Appraising official

Place.....

Date :

B : Remarks of Recommending authority,

Place :

Date :

(Name & Designation)