

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

11. Whether the applicant belongs to (Mark \sqrt)

SC	ST	OBC	PHC	Ex-Serviceman	Minority	Hill Boarder Area	General

12. Whether the project for (Mark \sqrt)

Manufacturing unit		Business/Service unit	
--------------------	--	-----------------------	--

13. Name of the project / business activity proposed :

14. Amount of loan required (in Rs.):

Building Type (Own/Leased/ Rented)	Capital Expenditure Loan			Working capital/cash credit Limit	Total
	Work shed, Building etc	Machinery & Equipment	Pre Operative Cost		

15. 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

I certify that all information furnished by me is true; and that I and any of my dependent have not borrowed any money under Subsidy Linked Scheme from any central State Government or bank for establishing any such project.

Date :

Signature of the applicant

NOTE :

Own contribution must be invested 5% for Sc/ST/OBC/PHC/Woman/ Ex-serviceman/North East Reason /Hill Boarder Area and 10% for General.

Total Project Cost should not exceed 25 lakhs for manufacturing unit and 10 lakhs for Business/ Service unit.

Applicant will not be entitled for additional Margin Money (Subsidy) in case of Own Contribution over and above the prescribed limit.

VIIIth pass for Manufacturing Unit above Rs. 10 lakhs project cost and under Service Sector above Rs.5 lakhs

Application should be submitted complete in all respect along with attested copies of the following documents:

1. Certificate of qualification –academic and technical (if project cost above 5 lakhs under business/service industry or above 10 lakhs under manufacturing industry)
2. Relevant Certificate for SC/ST/OBC/Minority/Ex-Servicemen/PHC
3. If Entrepreneur Development programme (EDP) training undergone (at least for two weeks) then submit photocopy of the certificate

For Official Use only (Rejected/to be placed before District Task force committee)
Reasons (if rejected) :

Place :
Date :

Signature, Name and Designation of Officer
KVIC/ VIB/DIC