

APPLICATION FOR LOAN

FINANCIAL ASSISTANCE UNDER MICRO CREDIT SCHEME FOR NGOs APPLY DIRECTLY TO NHFDC

(Amount in Rs. '000)

i) Name of Applicant Organisation

Regn. No.:

Date :

ii) Communication Address & Phone No.

iii) Area of operation

iv) Main activities/objectives

v) Composition of its Management Committee
(Name, Address, Occupation of each member)

1. LENDING PROGRAMME FOR FUNDS BEING SOUGHT FROM NHFDC

(In Rupees)

i) DIRECTLY TO 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									

ii. PROPOSED TO BE LENT THROUGH SELF HELD GROUPS (SHGs)

1. Name of the SHG :
2. Date of formation of SHG :
3. Particulars of members :
4. Name of bank and account no. of SHG :

	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									

2. TERMS AND CONDITIONS FOR EACH TYPE OF PROPOSED LENDINGS IN TERMS OF :

- a) Rate of interest charged and provision for penal interest
- b) Security/margin money, if any, taken from the members
- c) Repayment period; and
- d) Type of documents taken under each category from the borrower

3 BORROWING RAISED FROM BANKS AND OTHER ORGANISATIONS :

- a) Name of the organisation from whom borrowed
- b) Amount borrowed
- c) Purpose
- d) Balance outstanding
- e) Whether repayment is made regularly
- f) Amount defaulted

4. FINANCIAL ASSISTANCE REQUIRED FROM NHFDC --

5. DETAILS OF EXTENSION/FIELD STAFF AVAILABLE WITH NGO & SHGs FOR CREDIT BUSINESS

- a) Supervisory staff No. of officials
- b) Field staff/extension workers No. of officials

(Please indicate average salary payable to the above staff)

6. (I) PLEASE ATTACH THE FOLLOWING :

- a) Copy of registration certificate along with renewal copy of registration. A copy of Bye laws (with enabling clause to borrow/take loan) and Bye laws of SHGs (if any) with approved copy of MOA authenticated by the Registrar of the Societies.
- b) Printed Balance Sheet, Income & Expenditure A/c. and Annual Report for the last 3 years of NGO and sample Balance Sheets of 5 SHGs, if any.
- c) Name of the main banker with Account Number.
- d) Resolution of management Committee, for borrowing from NHFDC and whether SHGs have passed similar resolutions with the signature of all the members of the Committee.
- e) Copies of testimonial received from foreign donors/Government Departments etc.

Please indicate, whether terms and conditions of borrowing from NHFDC as given in annexure and agreement are acceptable.

DECLARATION

I..... (full name) Certify that the facts and figures furnished in this application form are correct and tally with the records of our organization.

Signature

Name of the Chief Executive

Date : _____

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

Details of NGO

- i) Name of NGO :

- ii) Regn. No. and Date :

- iii) Communication Address & Phone No. :

- iv) Area of operation :

- v) Main activities/objectives :

- vi) Composition of its Management Committee :
(Name, Address, Occupation of each member)