

# ANDHRA PRADESH STATE FINANCIAL CORPORATION HYDERABAD

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	 	 DI		$\mathbf{C}\mathbf{\Pi}$

# **APPLICATION FOR TERM LOANS**

FOR INDUSTRIAL UNITS, NURSING HOMES, HOTELS ETC.,

5-9-194, Chirag Ali Lane, P.B.No. 165, Hyderabad - 500 001. Ph.: 040 - 23201398, 23201646, 23202547, 23202550 - 53. Fax: (040) 23202972, e-mail: ho@apsfc.com, URL: www.apsfc.com



# (for Branch Office Use)

			Loan amount
			Service Charges Amount paid Date of Payment
			Details of payment
			Loan A/c. No.
1.	Date of receipt of Application	:	
2.	Name of Applicant	;	
3.	Location of the Unit	:	
	Mandal	;	
	District	:	
4.	Name of Area Officer	:	
5.	Existing Borrower	:	YES / NO
6.	If Yes, Account No.	;	
7.	Correspondence Address	:	
8.	Chief Promoter	:	
9.	Scheme	:	
	Product	:	
	Line of Activity	:	
	Industry (Sector)	:	
	Size of Industry	:	
	Product Code	:	
10.	Lending Policy	:	
11.	Collateral security required	:	
12.	Loan a/c. position in case of associated units		

Development / Appraisal Officer

	VILLAGE,		MANDAL	DISTRICT.
GI	ENERAL DETAILS	:		
1.	Name of the Unit	:		
2.	Address a. Correspondence Address	:		
	b. Factory Address	•		
	c. Regd. Office	:		
3.	Constitution		Limited Company / Parti Sole Proprietory / Co-ope Society / Trust / Limited	erative Society /
4.	Date of Incorporation / Registration of the Concern	on :		
5.	Chief Promoter	:		
6.	Contact Person	:		
7.	Phone Nos.	• 1	Factory : Office : Mobile : E-mail :	
8.	Promoters Bank with whom enquiries can be made. (Bank, Branch, A/c.No.)	:		
9.	Type of Industry (Sector)	2 3 4 5	<ul> <li>Food &amp; Agro; Chemica</li> <li>Drugs &amp; Pharma</li> <li>Engineering</li> <li>Steel</li> <li>Paper Products</li> <li>Printing</li> <li>Tourism</li> </ul>	1 8. Jute & Textiles 9. Medical & Health 10. Construction 11. IT & ITES 12. Transport 13. Miscellaneous
10	). Line of activity	:		
1	1. Date of Commercial Production	:		
				1

12. a) Capacity:

Product	Installed		Operating	
Troduct	Existing	Proposed	Existing	Proposed
				- U-SES 2029A

In case of Hospitals / Nursing Homes (Bed strength):

In case of Hotels (Rooms)

b) Size of the Industry:

Manufacturing	Service
Micro	Micro
Small	Small
Medium	Medium
Large	Large

- 13. FOR EXISTING INDUSTRY / CONCERN
  - a) Brief History / company profile:

b) Working results for the last 3 years:

(Rs. in Lakhs)

Financial Year	Turnover	Net Profit / Loss	Depreciation	Cash Profit	Income Tax
ends a sa s		10000			
	ne sedde				

Please furnish the provisional working results as on a latest date also. In case there are vide variations in turnover or profit, please give reasons.

Sar		amount nctioned	Amount Availed	Outstanding	Over Dues if any	Purpose				
d) DE FRO	TAILS OF TOM OTHER	TERM LOA	NS/WOR AL INSTI	KKING CAPITA TUTIONS / BA	AL LOANS A' ANKS.	VAILED (Rs. in Lakh				
		amount nctioned	Amount Availed	Outstanding	Over Dues if any	Purpose				
				- 250						
b. c. d.	Name of the Line of action of the Financed	Name of the Concern: Line of activity: Financed by: Promoters interested in concerns:								
	S. No.		ne of prom		hare holding % i	n the concern				
e. Working results for the last 3 years:  (Rs. in Lakhs)										
	Financia year	1 Turnove	er Net pro		- Net worth	Total Long Term Deb				
			1							
f.	Details of lothe Promot	pan(s) availe	ed from th	e Corporation l	by associated of	concerns of				

g. Details of loan(s) availed from Banks / Other Financial Institutions by associated concerns of the Promoters:

Amount Sanctioned	Amount Availed	Outstand- ing	Over Dues if any	Purpose

(Please enclose Audited Balance Sheets, Profit & Loss Accounts along with complete schedules. If there are more units, please enclose all the details separately in same format as above at 14(a) to (g))

# 15. DETAILS OF SECURITIES & GUARANTEES PROPOSED

#### a) Collateral Securities:

SI. No.	Name of the Surety	Details of property offered for CS with address/location	Nature: Agri/ Plot/House/ Flat/Others (Pl. specify)	Extent	Value (Rs. in Lakhs)
1					
2					
3					
4					

<sup>\*</sup> Value of land to be reckoned at average of Sub-Registrar rate and Market rate.

b) Third Party guarantors details:

Sl. No.	Name of the Guarantor	Residential Address	Net Worth (Rs. in lakhs)
1			
2			
3			

(Please enclose bio-data of guarantors as per format with colour photograph)

#### II. PRODUCTS:

#### 1. Product Details

S.No.	Name of Product	Installed capacity (units)	Operating capacity (units)	Capacity Utilisation (%)	Uses & Application
a					
b		( ) ( ) ( ) ( ) ( ) ( )			
С					

2 By-product Details :

S.No.	Name of Product	Installed capacity (units)	Operating capacity (units)	Capacity Utilisation (%)	Uses & Application
a					
b					
С					

## III. MANAGEMENT:

1. Details of all promoters : (Please enclose Bio-data/details of all promoters in proforma enclosed)

S. No.	Name of Promoter	Father / Husband Name	Share	Source of investment in the concern
1				
2				
3				
4				
5				
6				
7				
8				

2.	<b>Management Details</b>
~-	management Details

	Any ot	her details :				
	4.344					
V.	PROIE	CT DETAILS				
	TROJE	CI DETIMES				
	Brief no	ote on Project :				
		nal Advantages :				
	Suitabi	lity				
	i) Prop	ninent Land marks:				
	1) 11011	mient Land marks.				
	ii) Nea	rby Industries :				
			****			
	LAND					
	i) Free	ehold / Leasehold	:			
		e of Purchase / Lease	:			
		IC / Private	:			
-	iv) Nat	ure of land	: Indust	rial / Other		
	D					
	Details				4	
	Sl.	Description of Land	Acres /	Freehold /	Cost including	Lease period
	No.	Description of Land	Sq.Yds.	Leasehold	Regn. (Rs. in Lakhs)	(if leasehold)
					(-13. 22. 23.11.13)	
	3 -					

**BUILDINGS/CIVIL WORKS:** 

(Rs. in Lakhs)

CI		Type		1	
SI. No.	Description	Type RCC/AC/ Others	Plinth Area	Rate (Rs.)	Cost
			10.000	34-12-3	
			tana na taong a	estati le	ah L

(Please include the cost of land development under Buildings/Civil works).

DETAILS OF MACHINERY (PROPOSED) 5.

Indigenous/Imported a.

					(Rs. in lakhs)		
Sl.No.	Description of Machinery	Name of supplier	Qty (Nos.)	Cost	Taxes	Total	
		is and world to	100 80				
					2.6		
			1 11 122		75.54		
			+				
	and the second of the second of			olehen jil			
, 450							
			-				

b	Brief Notes on Machinery	:	
c.	Erection Details	:	
6.	MANUFACTURING PROCESS	S/DET	'AILS OF SERVICES :
	Nature of process	:	Continuous / Batch type
	Brief Note on process / service	:	
7. a.	TECHNICAL KNOW-HOW Where specialized technical known	w how	is involved :
	Name of Technical Know how co	onsulta	nt(s) :
	Background of consultant(s)		
	(Please enclose copy of technical know-	how agre	eement)
	Name and address of units to w 1.	hom si	milar know how was provided :
	2.		
b.	Where specialised technical known (Please provide details of technical sup		

- 8. RAW MATERIAL
- a. Raw Material details:

S.No.	Name of Raw Material	Source	Cost/Unit	Comments on availability
1				
2				
3				
4				

b. Brief Note on raw materials availability & arrangements:

- c. If restricted item is involved
  - i. Details of quota available

ii. Details of approvals

#### 9. STORES & CONSUMABLES

10. UTILITIES :

a. Power

Connected Load : HP

Contracted Load : HP

Cost of Power p.a. :

Estimate of power deposit and service line charges payable to APTRANSCO/ Other provider.

b. DG Set

Capacity of DG Set :

Fuel Consumption per hour :

Effective period of utilization

Cost of diesel p.a. :

c. Water

Whether required for process : YES / NO

If yes, quantity of water required/day:

Source of Water : Borewell / Local Authority

Whether water is adequately available: YES /NO

If no, cost of water per annum :

	-984
d.	Steam
0	A 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Whether steam required in process : YES / NO

If Yes:

Quantity of steam required :

Source of Steam :

Type of fuel and quantity per annum

Cost of fuel per annum:

e. Effluents

Nature of pollution : Air / Water / Noise / None

If none, whether PCB acknowledgement is obtained :

If air / water / Noise pollution takes : Place, whether PCB clearance is obtained

Details of PCB clearance

Equipment to be provided for Effluent treatment

## 11. MARKET POTENTIAL / DEMAND

a. Brief Note on Market Demand

b.	List of major products in the field (in the Country & in the State) : (in case of Nursing Homes, please indicate details of other Nursing Homes / Diagnostic Centres and in case of Hotels / Restaurants / Resorts, please indicate details of other similar facilities in the area)
c.	Details of marketing / selling arrangements:
	Details of PCB designed
	mountid not better
d.	Whether export potential exists, if yes, details (for industrial units):
e.	Is there any export obligation to be fulfilled, if Yes, details:

## 12. PRELIMINARY AND PRE-OPERATIVE EXPENSES:

Amount/Rs.
The second second
Taking Dilaman
and Manager Control
Pure I - La Sucre L'Assertance I
The second
Total

# 13. DEPOSITS:

S.No.	Particulars	Amount / Rs.		
1. ,	Power consumption - APTRANSCO / Others			
2.	Telephone Deposit			
3.	Miscellaneous deposits .			
	Total			

# 14. PROJECT COST:

(Rs. in Lakhs)

		(P		
Particulars	Existing as on	Proposed	Total	
Land				
Buildings			3.39.0	
Contingencies				
Machinery - Imported				
Machinery - Indegenous				
Contingencies				
Erection Expenses				
Crockery & Cutlery				
Linen				
DG Set				
Furniture				
Dies & Moulds				
Technical Know how fees				
Deposits				
Preliminary & Pre.op. expenses				
Working capital margin				
P & L A/c. Debit Balance	w w			
Other Fixed Assets (Please specify)				
Total				

# 15. MEANS OF FINANCE

(Rs. in Lakhs)

			(NS. III LUKIIS)
Particulars	Existing as on	Proposed	Total
Capital	La contraction of the contractio	Or an all states and	SELECTION SELECTION
Reserves & Surplus			T IN HEIGHTSE
Internal Accruals			Lauren (Art)
Subsidy			Lagrangian F
Special / Seed Capital	7	2007	=7 / m13/a
Margin Money		ALEXAND PROPERTY.	1. 17/811
Term Loan - APSFC	2 303 1001110	0/42/8/19/19/2019	
Term Loan - Others			She to-
Unsecured Loans - Interest Free			9600000000
Unsecured Loans - Interest bearing			
Others (Please specify)			
Total			

			Total	
16.	PROMOTE	RS CONTRIBU	TION :	
			4	
17.	DEBT EQU	ITY RATIO	1	теот голож
				atalogises!
18.	D.S.C.R.		:	
19.	I.R.R.		:	

	ONOMICS OF WOR	201100 (10		allito).	
No. of wo	orking days per annum	1 :			
No. of shi	fts per day				
No. of wo	orking hours per shift				
Capacity					
				Qty.	Revenu (Rs. in Lak
Installed (	Capacity of the unit				(KS. III Lar
Operating	g Capacity of the unit				
Sperami	s capacity of the unit	1st Yea	r		
		2 <sup>nd</sup> Yea	ır		2.98
		3 <sup>rd</sup> Yea	r		
		4 <sup>th</sup> Yea	r		
Optimum	Capacity Utilization				
SALESR	EVENUE (Based on 1s	st Year of	operations)		
	EVERTOE (Basea on 1	or rear or	operations)		
Sl.	Item	Units	Qty. / p.a.	Rate/unit	Revenue / p.a
No.					
2	North Control of the		-		
3			1		
Pr		-			
1 11	ocess wastage assumed				
11	ocess wastage assumed Total				4
	THE RESERVE OF THE PARTY OF THE				л
	Total	PPODUC	TC.		A
	THE RESERVE OF THE PARTY OF THE	PŖODUC	TTS:		
SALES R	Total  EVENUE FROM BY-		T	Rata/unit	Povenue / n
SALES R	Total	<b>PŖODUC</b> Units	CTS:	Rate/unit	Revenue / p.
SALES R SI. No.	Total  EVENUE FROM BY-		T	Rate/unit	Revenue / p.
SALES R SI. No. 1 2	Total  EVENUE FROM BY-		T	Rate/unit	Revenue / p.
SALES R SI. No. 1 2 3	Total  EVENUE FROM BY-		T	Rate/unit	Revenue / p.
SALES R SI. No. 1 2 3	Total  EVENUE FROM BY-  Item  ocess wastage assumed		T	Rate/unit	Revenue / p.
SALES R SI. No. 1 2 3	Total  EVENUE FROM BY-		T	Rate/unit	Revenue / p.
SALES R SI. No. 1 2 3 Pr	Total  EVENUE FROM BY-I  Item  ocess wastage assumed  Total		Qty. / p.a.	Rate/unit	Revenue / p.
SALES R SI. No. 1 2 3 Pr	Total  EVENUE FROM BY-  Item  ocess wastage assumed		T	Rate/unit	Revenue / p.
SALES R SI. No. 1 2 3 Pr	Item  ocess wastage assumed Total mmission, if any		Qty. / p.a.	Rate/unit	Revenue / p.
SALES R SI. No. 1 2 3 Pr	Total  EVENUE FROM BY-I  Item  ocess wastage assumed  Total		Qty. / p.a.	Rate/unit	Revenue / p.

Rs.

Total Sales Revenue per annum

Lakhs

# d. SALARIES:

SI. No.	Employee type	No. required	Salary per month/ per employee	Salary per annum (Rs. in lakhs)
			YES THO ME	de 30 .0V4
		311	a tog attick balds	wio gli
				let some S
			·	
		Total An	nual Salary	
		Fringe be	enefits @ 20%	
		Total Sal	ary	

#### e. WAGES

Sl. No.	Worker type	No. required	Wages per month/ per employee	Wages / annum (per annum)
		203	as did a messoo d	attraite().
		Total An	nual Wages	
			enefits @ 20%	
taveil i	mir and I am a second	Total Sal	ary	

(B) ECO	NOMICS OF W	VORKING (fo	or Hotels/R	estaurant	s / Resorts):
No. of work	king days per ar	num	:		
No. of shifts	s per day		:		
No. of work	king hours per s	hift	:		
Capacity			Г		Rever
Cupacity				Qty.	(Rs. in L
Installed Ca	pacity	:			
Operating (	Capacity	1st Ye	ear		
		2 <sup>nd</sup> Y			
		3 <sup>rd</sup> Ye 4 <sup>th</sup> Ye			
0 .: .					
	Capacity Utilizat	tion			
Revenue	rentals / Confe	orongo Uall .			
Kooi	n description	No.	Tariff	Days	Revenue
Same and the					
Market Salvers				Total	
From Resta	urant :				
P. 10	les Capacit	y No. of	Average s	ales No	of
Food Sa	(seats)		per sea		Povonii
7.64					
				T	otal
From rides	ata .				out
From rides	etc.:				
D	escription	No.	Rate	Days	Revenue
	The state of the s				
				Total	
011		16			
Otner incor	ne, if any, pleas	se specify:			
TOTAL RE	VENUE PER A	NNUM:	Rs.	La	khs.
Expenditur	٥•				
	of materials for f	food sales			
ii. Any c	ther expenditur	re, please spec	cify :		
	Total e	expenditure p	.a. :		

	RKING (for N	ursing Hor	nes/Diagn	ostic Centi
No. of working days per an	num :			
No. of shifts per day	:			
No. of working hours per sl	hift :			
Capacity		1	Qty.	Reve
Installed Capacity				(210122
Operating Capacity	1 <sup>st</sup> Yea 2 <sup>nd</sup> Ye			024(07
	3 <sup>rd</sup> Yea			
Optimum Capacity Utilizat	ion			
Specification of Room	No of Pooms	NClI-	D-1- / 1	D
Specification of Room	No. of Rooms	No. of beds	Rate / day	Revenue p.a
Specification of Room	No. of Rooms	No. of beds	Rate / day	Revenue p.a
Specification of Room From consultation:	No. of Rooms	No. of beds		Revenue p.
	No. of Rooms  Cases / day	No. of beds		Revenue p.
From consultation:	216 (B15)		Total	
From consultation:	216 (B15)		Total	
From consultation:	216 (B15)		Total	

	-	. 1. 1	C .1	/	
111.	From	specialised	facilities	/ activities	:

Specification details	Nos./months	Rate	Hospital share	Total
	A MACAING			
The second second				
			100	bryle
				N. S. Van Z. L.
			<b>以</b>	
			Total	

# IV. From Diagnostics

Nature of Diagnostics	Cases / day	Rate	Tota
		Total	

V.	From	other	services	(Please specify)	:	Rs.	Lakhs.
----	------	-------	----------	------------------	---	-----	--------

Total Revenue per annum : Rs. Lakhs.

# EXPENDITURE:

## Consumables:

Description	Consumption p.a.	Amount p.a.
	Total	Militaria di L

# 21. (A) WORKING CAPITAL ESTIMATE:

No. of working days per annum

o. of working days per anni Items	Total cost/ annum	No. of days	Cost	Eligibility %	Working Capital Fin. Amount
Raw Material					Contactors
Stores Material					
Work in process					
Finished Goods					
Wages & Other expenses					
Sundry Debtors					
Advances (Lumpsum)					
Other current assets (LS)					
Total Current Assets					
Less:					T
Creditors for Raw Materials	1 1 1 1 1 1 1				
Creditors for Stores Materials					
Advance from Customers					
Working Capital Finance from Bank/APSFC/Unsecured Loans					V 1
Working Capital margin					
Less: Existing Working capital margin					
WC margin to be brought in					

# (B) DETAILS OF WORKING CAPITAL MARGIN AS ON \_\_\_\_\_

(Rs. in Lakhs) **Current Assets:** (i) Inventories: Raw Materials Stores & Spares Work-in-Process Finished Goods **Sundry Debtors:** Exceeding Six months Others Loans & Advances: Advances to RM Suppliers Advances to Staff Other Advances Cash & Bank balances: Cash in hand Cash at Bank Other Current assets Total:

(ii)	Current	Liabilities	
------	---------	-------------	--

Sundry Creditors for purchases	
Creditors for expenses	
Creditors for others	
Advances from Customers	
Provisions	
Other Current liabilities	
Total:	
Net Current Assets (i - ii):	
Less: Bank Borrowings for Working Capital	
WCTL from APSFC	
Working Capital Margin	

#### DETAILS OF EXISTING WORKING CAPITAL ARRANGEMENTS: (C)

Name of the Bank

Branch

City

Facility	Limit (lakhs)	Margin %
CC Limits	Rs.	
OD Limits	Rs.	
Others	Rs.	
ROI		
Outstandin	g as on i	s Rs.

Non-fund based

Limit (lakhs)
Rs.
Rs.
Rs.

#### 22. LICENCES AND APPROVALS:

Details of Licences approvals required:

			Dt. of approval
1.	Enterpreneur Memorandum	Yes / No	
2.	Acknowledgement from SIA (for MSI)	Yes / No	
3.	Approval from Inspector of Factories	Yes / No	
4.	Approval from Controller of Explosives	Yes / No	
5.	Approval from Municipality/Gram Panchayat	Yes / No	
6.	Approval from UDA	Yes / No	
7.	Approval from Inspector of Boilers	Yes / No	
8.	Approval from Trourism Department	Yes / No	
9.	Approval from Police Department	Yes / No	
10.	Approval from APPCB	Yes / No	
11.	Other Approvals details		

#### 23. SCHEDULE OF IMPLEMENTATION:

S.No.	Particulars	Start	Finish
1.	Land		SCHREATEC
2.	Buildings		
3.	Machinery - Orders		
4.	Machinery - Delivery		
5.	Erection & Commissioning		1
6.	Power		
7.	Recruitment of employees		
8.	Training of employees		ma a
9.	Trial runs		- State of the sta
10.	Commercial operations		

#### 24. DETAILS OF ONE TIME BENEFITS (OTS) AVAILED; IF ANY:

The applicant concern / Associate concern / Promoters / Family members have availed / NOT availed benefits under one time settlement (OTS) on compromise proposals of APSFC / Banks / Other Financial Institutions and the details are as under:

(Rs. in Lakhs)

Name of Concern	Name of Institution from which availed	Loan Availed	Settlement benefit	Year availed
9				

#### 25. DECLARATION:

I/We certify that all the information furnished by me/us is true; that I/we have no borrowing arrangements except as indicated in the application, for the unit with any bank; 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 and any other information available with you pertaining to the borrowing unit, present and future, may also be exchanged by you with any agency you may deem fit, and that you, your representatives, representatives of RBI, DICGC, IDBI, SIDBI, CIBIL or any other Agency as authorised by you, may at any time inspect / verify our assets, books of account etc. in our factory and business premises.

I/We further certify that as on date there are no overdues to financial institutions / banks from the undersigned, the other promoters and the company / companies in which I/the other promoters have interest as a promoter / director / partner / proprietor. I/We further certify that there are no statutory overdues pending against me / the company or other companies in which I am/the other promoters are Director/Directors.

DATE

SIGNATURE OF CHIEF PROMOTER

Name

:

Designation

#### **ENCLOSURES TO THE APPLICATION FOR NEW CONCERNS**

- 1. Copy of Partnership Deed with firm Registration Certificate, Memorandum & Articles of Association along with Certificate of incorporation in case of limited company / Bye-laws in case of a co-operative society along with Certificate of Registration.
- 2. Bio-data of Promoter(s) with solvency details, net worth declaration on Rs. 20/-NJS in the prescribed proforma, source of investment certified by a Chartered Accountant. Passport size three colour photographs, Photo ID (PAN card/Driving Licence/Passport/AADHAR Card / Voter ID) and residential proof of the promoters.

Copy of Income Tax returns of Promoter(s) for the last three years along with the income computation statements.

- 3. Proposed share holding pattern of promoters.
- 4. List of associated concerns/units in which the promoter/Directors are interested along with working results for the last three years (audited / certified)
- 5. Banker's opinion with regard to the loans availed by promoters/associated concerns.
- 6. Land & Buildings:
  - a) Copy of the Sale deed/sale agreement/Allotment Letter from APIIC.
  - b) Xerox copy of approved building plan & detail civil estimates from architects.
  - c) Details of civil works proposed:

S.No.	Description & type	Area/Qty	Rate	Cost

- d) Details of furniture with estimates, if any (hotel, restaurants etc.)
- e) Credentials of architects (hotels, hospitals, construction activity etc.)
- 7. Availability of infrastructural facilities, Power, Water, approach road etc.
- 8. Plant & Machinery:
  - a) List of Machinery/Testing Equipment/Other Equipments along with copy of bills already purchased, if any and proposed to be purchased in the following proforma along with Quotations and catalogues/brochures.

S.No.	Description with detailed specifications	Name of Supplier	Quantity	Rate	Total cost
-------	--	---------------------	----------	------	------------

- b) Comparative Quotations from two other suppliers for major machinery / equipment.
- c) Credentials of Machinery Suppliers.
- d) Turnkey agreement with the supplier (wherever applicable)
- 9. Technical Know-how arrangements/agreements. (wherever applicable)

- 10. Source of raw material along with copies of MOU/tie up arrangements made for uninterrupted supply along with quotations for raw materials and finished goods. (Wherever applicable)
- 11. Statutory provisions approvals:

Plan approvals: To be submitted for commercial complexes, nursing

homes and hotels obtained from competent authority.

APPCB approval : To obtain consent from APPCB for 64 polluting

industries notified by the Govt. of Andhra Pradesh.

- 12. Details of properties proposed to be offered as collateral security together with the full description and a copy of document(s).
- 13. Economics of working for estimation of cost & profitability of the project.
- 14. Market information with regard to potential, area of operation, demand supply gap, the market arrangements/tie up made/proposed by the applicant for marketing the product.
- 15. In case of partly implemented cases / reimbursement cases the details of assets already acquired together with source of investment and provisional balance sheet certified by a Chartered Accountant. Details of stage of implementation of the project.
- 16. Copy of SME Registration / SIA Acknowledgment for MSI.
- 17. Payment of service charges @ 0.5% (including prevailing applicabale service tax on loan amount applied.)

# ADDITIONAL INFORMATION - EXISTING CONCERNS

- Existing shareholding pattern certified by CA.
- 2. List of Existing Machinery/Testing Equipment.
- Existing installed capacity and present capacity utilisation.
- Details of existing utilities such as electricity, man power etc.
- 5. Certified provisional Balance Sheet and Profit & Loss Account along with schedules if Audited Balance Sheet is more than 6 months old.
- 6. Opinion from Banker and other term lending Institutions, along with details of facilities enjoyed.
- 7. Details of existing marketing arrangements.

(Ple		OTERS / THIRD PARTY GUA	along with the
1.	Name (Full name with sur-name	homes and between	APICLIO
2.	Permanent Address	properties proposed to be offered as co scription and a copy of document(s).	
3.	Correspondence address	omanion	
4.	Telephone No.	juited together with source of investmen y a Chartered Accountant. Details of t	
5.	Gender	: Female / Male	
6.	Marital status	: Married / Unmarried	
7.	Father's / Husband's nan	ne : (boilg as thuor	
8.	Other Details		
	Mobile No. :	E-mail	:
	Date of Birth :	Place of Birth	GA -
	Voter ID No. :	Hails from	:
	Gas Connection No. :	Ration Card No	t, ulend if
	Passport No. :	Driving Licence No	o.:
	PAN No. :	AADHAR Card No	), ;
	Religion :		
T	Category of Promoter : (for statistical purpose)	SC / ST / BC / OC / Minorities / Oth	ers.
9.	Designation	: Proprietor/Partner/P	
10	Role in the Organisation	· Key Role - YES / NO	

Acade	mic qualificat	tions	:			
nviant.						
Family	Back ground	d				
			1			
	Card Details	troctory (	a la eman de		lo none:	man (i i i i i i i i i i i i i i i i i i i
S.No.		Card No.			Bank N	lame
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S.No.	Name of Uni	t la Addross	Designation	Period o	f Service	Not an action
5.110.	Name of On	at & Address	Designation	From	То	Nature of work
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(If Yes,	, please subm	it copy of IT	returns with			ts for last 3 years
(If Yes,	, please subm	it copy of IT	returns with			
(If Yes,	, please subm	it copy of IT	returns with			
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(If Yes, S.No.	, please subm Year	it copy of IT	returns with	computa		
S.No. Details Name	Year Year of loans ava	it copy of IT Incor	returns with	computa		
S.No. Details Name Amour	year Year of loans ava	it copy of IT Incor iled from Co : & Availed :	returns with	computa		
S.No. Details Name Amour	year Year of loans avaiof the Unit nt sanctioned int outstanding	it copy of IT Incor iled from Co : & Availed :	returns with	computa		
S.No. Details Name Amout Branch	year Year of loans avaiof the Unit nt sanctioned int outstanding	iled from Co : & Availed : g :	returns with me Assessed orporation, if a	computa	Tax	
Details Name Amour Branch Stood	Year Year of loans avaiof the Unit and sanctioned and outstanding	it copy of IT Incor iled from Co : & Availed : g : / Surety for	returns with me Assessed orporation, if a	any:	Tax	
Details Name Amour Branch Stood	year Year of loans avaiof the Unit nt sanctioned nt outstanding as Guarantor	iled from Co : & Availed : g : / Surety for es given	returns with me Assessed  orporation, if a  others:	any:	Tax	

20.	DET	AILS	OF	REFER	ENCES	3:
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S.No.	Name of the Reference	Address of the Reference	Phone No.
		kan same ik	A Property
-			

#### 21. SOLVENCY DETAILS:

#### **IMMOVABLE PROPERTIES:**

S.No.	Description of the property with location & address	Full name of the property owner and address	Extent of property	Sub- Registrar value	Market value
1					
2					
3	programme of the second				
4	Harris W Late	11. 2	oba dilips	Marie Devi	
	Total Immovable	- (A)			

#### **MOVABLE PROPERTIES:**

S.No.	Items	Description	Market value
1			
2	ការ ខា គឺ។ ការប្រជាពលប្រា	or the ends the value is	
3	HERT KET	1909/2017/2017/48	604 [

T . 1	(A) +	/T2\	
Lotal	IAIT	(D)	
1 Ottal	(22)	(2)	

Less: Liabilities :

Net Assets owned as on date:

# DECLARATION

I declare that all the information furnished by me as above is true.

Date:

Signature of the Promoter / Guarantor