

NATIONAL HANDICAPPED AND DEVELOPMENT CORPORATION
RED CROSS BHAVAN, SECTOR - 12, FARIDABAD - 121 007
APPLICATION FORM
FOR

- a. Loan for Self -employment (up to Rs.5 lakhs)
- b. Loan for agricultural activities (Up to Rs.10 lakhs)
- c. Loan for Self - employment Among Persons with Mental Retardation Cerebral Palsy and Autism.
- d. Setting up small industry unit (Up to Rs.25 lakhs)
- e. Technical Education/Training Loan up to 7.5 lakhs (Study in India) Upto 15 lakhs (Study in Abroad).

CHECK LIST

- I. Application form in one copy for loan amount up to Rs.5 lakhs and two copies for above 5 lakhs along with all required documents to the Kerala State Handicapped Persons Welfare Corporation, Poojappura, Thiruvananthapuram - 695012.
- II. The following documents are essential, please ensure that they are attached
 1. 40% disability Certificate from Medical Board of Central / State Government.
 2. Income declaration Certificate
 3. Birth/age Certificate from Panchyat/Municipal/School Certificate
 4. Educational Qualification certificate.(Attested copy)
 5. Caste Certificate (Attested Copy)
 6. Two passport size photograph, and Two full size photograph
 7. Affidavit standing that no loan has been availed from any other Government agency for the same purpose.
 8. All clearance required have been obtained from respective Central/ State Government agencies including clearance from State Pollution Control Board if applicable. Copy of all such clearance is to be attached.
 9. Ration Card (Attested copy)

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

Free free distribution in the interest of persons with disability.

1. PARTICULARS OF APPLICANT

Affix recent Passport
Size Photo

- (a). Name & Address of applicant
- (b). Father's/Husband's Name
- (c). Details of disability & Percentage of disability,
(Attach attested photocopy of certificate from competent authority)
- (d). Family Details
- (e). Annual Income of individual, If dependent, please give
income of family/spouse (attach attested copy of income certificate)
- (f). Date of birth & age as on list of the following month during
which the application is submitted (attach attested copy of
certificate).
- (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). Existing activities and financial status including land holding,
fixed assets in the name of applicant.
- (j). Whether belongs to SC/ST /OBC and others.

2. PROPOSED ACTIVITY

- (a). Name of the scheme/project
- (b). Details of the project or proposed activity
- (c). i). Location of unit
ii). Whether confirming or non-confirming (please
specify if location confirms to location policy
of the State Government/Location authority)

3. COST OF THE PROJECT

Sl.No	Items	Cost (Rs. in lakhs)
	1). Miscellaneous, fixed assets	
	2). Preliminary & Pre-Operative expenses	
	3).Contingencies & cost escalations	
	4). Others, if any (please specify)	
	5). Working Capital	
	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 does 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	
5.	Others, if any specify	

5. TECHNICAL DETAILS & ECONOMICS OF PROJECT

- 1). Average monthly sales -
- 2). Monthly expenses
(Raw materials, stores, spares, salary wages etc) -.
- 3). Substance of proprietor -
- 4). Other expenses (Rent etc) -
- 5). Total expenses -
- 6). Monthly surplus -

6. MANPOWER REQUIREMENT

Sl.No	Category	Average salary p.m
1).	Managerial	
2).	Supervisors	
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/yearly instalments (maximum repayment period is 7 years including moratorium period)

Note : For loans for agricultural activities, the repayment has to made in yearly instalments.

9. **IMPLEMENTATION SCHEDULE** --
10. **WORKING CAPITAL REQUIREMENT** --
11. **OTHERS**
- i) Government consents --
 - ii) Environmental clearance --
 - iii) Other Government clearances, if any etc. --

CERTIFICATE

1. I/We certify that all information furnished by me/us is true; that I/We have no borrowing arrangements for the unit with any bank/financial institutions, 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 authorized by you may at any time, inspect/verify our assets, books of account' etc in our factory and business premises.
2. I/We further certify that I/We do not have any overdues in respect of any financial assistance I/We have availed so far.

Place:

Date:

Signature of the applicant

Managing Director
Kerala State Handicapped Persons' Welfare Corporation
Poojappura, Thiruvananthapuram - 695012
Phone - 2347768

FOR OFFICE USE ONLY

A. 1. Name of official who interviewed the applicant

2. Remarks

(a). Repayment programme

(b) Repayment Capacity

Monthly surplus(term 1(c) Rs.....

Monthly instalments proposed Rs.....

Monthly instalments for existing term Rs.....

Loan and other obligations (to be specified) Rs.....

Total monthly obligations Rs.....(F)

Debt Service Ratio (E:F)

(c) Comments

(d) Remarks of the technical report, if obtained

(e) Loan sanctioned

(f) Other remarks

Place :

Date :

Appraising Official

B : Remarks of Recommending authority

Place :

Date :

ANNEXURE - I

**THE KERALA STATE HANDICAPPED PERSONS' WELFARE CORPORATION LTD
POOJAPPURA, THIRUVANANTHAPURAM**

FORM FOR SALARY CERTIFICATE

Purpose for being a
debtor/surety/guarantor/tosri/smt..... Under the
.....

- 1. Name (in block letters) :
- 2. Father's / Husband's Name :
- 3. (a) Whether debtor/surety/guarantor :
(b) If surety / guarantor specify the
relationship with the principal debtor :
- 4. Residential Address Permanent Present
 - (a) House Name
 - (b) Ward No & House No.
 - (c) Desom
 - (d) Panchayat / Municipality
 - (e) Lane/ Street
 - (f) Village
 - (g) Taluk
 - (h) District
 - (i) Post Office with Pin Code

I Here by
declare that I have no liability to the Kerala State Handicapped Persons' Welfare
Corporation other than what is stated above. I also declare that the information
furnished above is true to the best of my knowledge and belief

Place : Signature :
Date : Name :

EMPLOYMENT CERTIFICATE

Certified that Sri/Smt
S/o / D/o / W/o Of
..... House Desom
/ Town Village Taluk
..... District now residing at
House Desom / Town
.. Village Taluk
District who has signed overleaf is Permanent / Officiating / acting
(Designation) in the (Name of Office)
.....

DETAILS OF HIS/ HER SERVICE

1. Date of birth and age
2. Date of entry into service
3. Date from which continuous begins
4. Date of retirement

DETAILS OF SALARY

1. SCALE OF PAY : Rs.			
2. EARNINGS :		3. DEDUCTION /RECOVERIES	
1. (a) Basic Pay	Rs.....	1) Provident Fund	Rs.....
(b) Personal Pay	Rs.....	2) Life Insurance Premium	Rs.....
2. Dearness Allowance	Rs.....	3) Income Tax	Rs.....
3. H.R.A	Rs.....	4) House Loan	Rs.....
4. City Compensatory Allowance	Rs.....	5).Festival Advance	Rs.....
5. Other Allowances (Specify)		6).Other Recoveries (Specify)	
i)	Rs.....	i)	Rs.....
ii)	Rs.....	ii)	Rs.....
		iii)	Rs.....
		iv)	Rs.....
Total (2)	Rs.....	Total (3)	Rs.....
3.NET SALARY (Total 2- Total 3) Rs.			

Signature :

Place
the Head Date

(Office Seal)

Name & Designation of
of Officer / Drawing officer

AGREEMENT FOR RECOVERY FROM SALARY

I
(Name Designation, Office & Department) here by agree that in case of payment of monthly instalments in Loan availed by Sri/Smt..... in Kerala State Handicapped Persons' Welfare Corporation, recoveries of such amounts as may be fixed by the Corporation from time to time may be made from salary at source.
Signature of the Employee with date
I agree to affect the above recoveries

Place		Name & Designation of the Head
Date	(Office Seal)	of Officer / Drawing Officer

Note: Gazetted Officers who draw their pay direct from the treasuries can sign the above certificates themselves quoting the Audit number and name of treasury and get the signature attested by their immediate Superior Officer.