

9. Whether Entrepreneur Development Programme (EDP at least 2 weeks) undergone: (mark ✓)

Yes No

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

10. Whether the applicant belongs to (mark ✓)

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

11. Whether the project for (mark ✓)

Manufacturing unit

Business/Service unit

12. Name of the project / business activity proposed:

13. 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		

14. 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:

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

Date: