

**NATIONAL BACKWARD CLASSES FINANCE & DEVELOPMENT CORPORATION
FORMAT FOR APPLICATION UNDER MICRO CREDIT SCHEME**

1. ORGANISATION DIRECTORY

- (a) Name of the Organisation :
- (b) Address :
- (c) State :
- (d) District :
- (e) Block :
- (f) Phone No. (with STD code) :
- (g) Fax No. (if any) :
- (h) Nearest Railway Station :
- (i) Registration No. of the Organisation :
- (j) Date of Registration :
- (k) Date of Renewal, if any :
- (l) Area of operation :
- (m) Name of the Bank of Organisation :
- (n) Account No. :
- (o) Name and Designation of Chief Rinctionary :

2. Details of socio-economic development programme implemented by the organisation during last 3 years (yearwise):

Year (1)	Name of the Programme (2)	Funded by (3)	Amount Received (4)	Achievements (5)

Note : Please enclose a copy of your annual reports of last three years.

For office use only :

Code State Dist. Block Organisation

3. Experience of the organization in CREDIT Activity during last three years (yearwise)

(Amt. in Rs.)

Years	Activities for which loan given	No. of SHGs	No. of Borrowers	Amount of loan distribution	Amount which was due for recovery i.e. Demand	Amount Actually Recovered	% age Recovery to Demand	Source of funds
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

4. Experience of the organization in thrift/savings and formation of SHGs. Please give details as below (Position as on _____)

Sl. No.	Name & Address of SHG	Date of formation	No. of members	Saving Mobilised	Loan given out of savings	Amount Recovered	Amount of loan outstanding
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

5. Proposed lending programme in the current year : (Amt. in Rs.)

Sl. No.	Category of loan	Name of Activities	No. of SHGs	No. of Borrowers	Average amount of per beneficiary	Total Amount Required
(1)	(2)	(3)	(4)	(5)	(6)	(5 X 6)
	ST					
	MT					
	Total					

6. Source available with the organisation

(Amt. in Rs.)

Sl. No.	Source	Balance at the beginning of year	Amount Expected during the current year	Total Amount
(1)	(2)	(3)	(4)	(5)
1.	Own Sources			
2.	Savings of SHGs\ members			
3.	Recovery of loans form SHGs members			
4.	Other souces such as grants donation, etc.			
5.	Borrowings (other than this application of NBCFDC)			
6.	Total			

7. Financial Assistant required from source (i.e. para 5-6) :

(Amt. in Rs.)

Sl. No.	Category of loan	Name of Activities	No. of SHGs	No. of Borrowers	Average amount of per beneficiary	Total Amount Required
(1)	(2)	(3)	(4)	(5)	(6)	(5 X 6)
	ST					
	MT					
Total						

(Amt. in Rs.)

8. Financial position of the organization as per Balance sheet (As on.....)

- (i) Fixed Assets Rs..... (iii) Borrowings Rs.....
 (ii) Current Assets Rs..... (Details of borrowings if any, may be given in the proforma below)
 (iv) Other Liabilities Rs.....

Name of the Lending Institution	Date	Amount Borrowed	Amount Repair	Balance of Bowwowing Outstanding
(1)	(2)	(3)	(4)	(5)

9. Organisational Set-up Training

(i) Details of staff

No. of staff with the organization	Trained	Untrained	Total
(1)	(2)	(3)	(4)
(a) Office \ Supervisory Staff			
(b) Field\ Extension staff			
Total			

(ii) Details of arrangements available with the organization for training of its staff \ SHGs.

10. Check List:
(Please enclose the following)

Sl. No.	Details of Enclosures	Yes/No.	Amount No.
1.	Attested Copy of the original Registration Certificate/Renewals		
2.	Attested Copy of Memorandum of Association/Bye-laws		
3.	Indicate the provision to borrow from outside agency (Pl. give para/ page no. of bye-laws.)		
4.	Main objective/purpose/background of formation organization a brief note		
5.	Bio-data of the chief functionary		
6.	Composition of the current Managing Committee with name, designation and address of the members (with relevant copy of resolution of general body)		
7.	Copy of the audited accounts and Balance-sheet of the organization of general body)		
8.	Copy of the resolution passed by Management Committee seeking loan (amount Rs.....) from NBCFDC		
9.	Copies of Annual Reports of last three years		
10.	Copies of testimonials received from funding agencies/ Govt. Departments etc. if any.		

DECLARATION

I..... (full name with designation certificate that facts and figures furnished in the application form and the annexures are correct and tally with the records of our organization.

Place :

Date :

(Signature with official stamp)
 Name & Designation of Chief Executive