



ওয়েষ্ট বেঙ্গল ব্যাকওয়ার্ড ক্লাসেস ডেভেলপমেন্ট এন্ড ফিন্যান্স কর্পোরেশন

West Bengal Backward Classes Development & Finance Corporation

Government of West Bengal Undertaking
Hemanta Bhawan (Top Floor & 1st Floor), 12 B B D Bag (East), Kolkata - 700 001. E-mail: bcwcorp.n.wb@gmail.com

Fax: +91 33 2210 7352, Phones: MD - 2210 7023, Office: 2210 7022, 2210 8940.

Form of Application For Micro Finance

(To be filled in by each individual member of a Self Help Group)

- 1) Name of the applicant : _____
Father's/ Husband's name : _____
Age/ Date of Birth : _____
Educational Qualification : _____
Technical ability : _____

Attested photo of
applicant

2) Address

Vill/ Ward _____, Gram Panchayat/ Municipality _____
Name & No. of Road/ Locality _____
Block _____ PS _____
PO _____ District _____ Pin _____

3) Annual family Income Rs. _____

4) Sub caste of applicant _____

5) Name of Scheme _____

Mention whether the scheme will be taken up individually or collectively with other members of the group _____

6) Loan amount prayed for by the applicant Rs. _____

7) Reason behind praying for such loan _____

8) Current employment status of the applicant :

service/ agriculture/ self employed / unemployed

9) No. of people engaged in the proposed trade on the locality : _____

10) Name of the Self Help Group and No. of members : _____

11) Savings bank account No. with name of bank and branch :

Name of Bank : _____ Branch : _____

Branch Code _____ Account No. _____

12) Whether the applicant or any of his/ her family members is a defaulter in payment regarding any loan from any bank or financial institution : YES / NO

If yes please furnish details : _____

Declaration

I hereby declare that the above statement is true and correct. I agree to abide by the rules, terms and conditions of the West Bengal Backward Classes Development & Finance Corporation. I shall regularly repay the installments due to the Corporation as per Repayment Schedule through Post Dated Cheques.

Place :

Date :

Signature of applicant

Certificate regarding Income, Residence, Sub caste and Scheme

This is to certify that the applicant Sri/ Smt _____, S/O / D/O / W/O _____ is a permanent resident of Vill/ Ward _____, Gram Panchayet/ Municipality, House No. and Name of Road _____, PS _____ PO _____ Pin _____ District _____ and his/ her sub caste is _____ which is included in the list of Other Backward Classes for West Bengal. The Annual Family Income of the applicant is Rs. _____. The applicant is competent enough to implement the scheme / trade proposed and if his / her prayer for loan is approved I shall monitor his/ her progress personally or through my representative and shall cooperate with the WBBCDFC in recovering overdue amounts if any.

Seal and date :

Signature of the certifying authority

(Savapati of Panchayat Samity / B.D.O. /
Chairman of Municipality, Councilor of Municipal
Corporation / Local M.L.A. / Prodhan of Gram
Panchayat)