

J&K STATE WOMEN'S DEVELOPMENT CORPORATION

Hall No. 6-B, 2nd Floor, Auqaf Complex, Gandhi Nagar, Jammu.

Block-A 1st Floor, Old Secretariat, Srinagar.

APPLICATION FORM OF MICRO CREDIT UNDER NBCFDC SCHEME

S. No. 3701

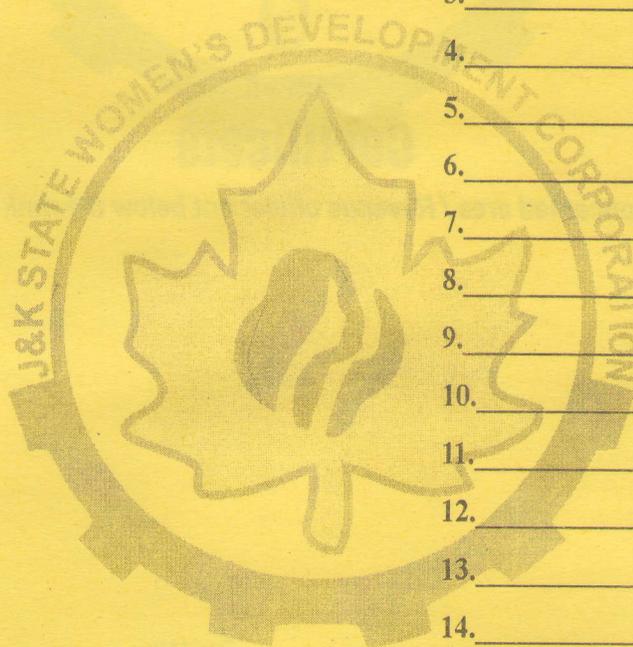
Date of Issue _____

A. PARTICULARS OF THE SHG

Date of Receipt _____

1. Name of the SHG _____
2. Full Address of the SHG (with Ph. No.) _____
3. Strength of Group _____
4. Name of the Group Leader _____
5. Name of the Secretary _____
6. Name of the Cashier _____
7. Name of other Members _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

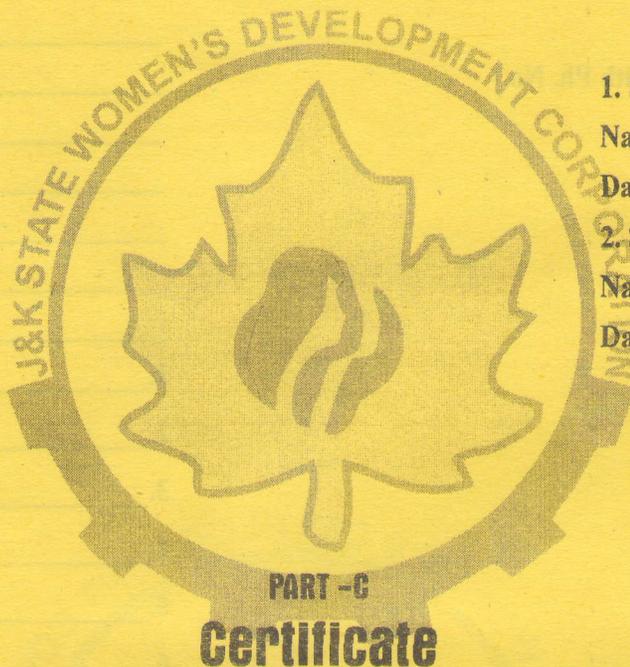


8. Name of the activity for which loan required _____
9. Max. Requirement of loan per beneficiary _____
10. Total loan required (per group) _____
11. _____

(CERTIFICATE FROM GROUP LEADER)

I, _____ D/o, W/o _____
R/o _____ Group leader of Group named _____
_____ certify that all conditions laid down by the J&K Women's
Development Corporation for repayment of loan as per the devised norms of J&K State Women's Development
Corporation are acceptable to me.

Signature of CDPO/NGO
Block _____



1. Signature of Group Leader

Name:

Date:

2. Signature of Group Secretary

Name:

Date:

To be given by the concerned area / Revenue officer not below the rank of Tehsildar Concerned

Affix recent
P. P. Size
Photograph

Certified that Miss/ Mrs. _____ D/o, W/o _____
R/o _____

Whose photograph has been attested by me and has signed this form in my presence belongs to
_____ category of Backward Classes under _____
Community. It is also certified that her Family Income is below Rs. 40,000/= for Rural Rs. 55,000/=for Urban Area per annum and
she is not an employee of any State or Central Govt. Deptt. Or undertaking.

Seal & Sig. of the Certifying Authority

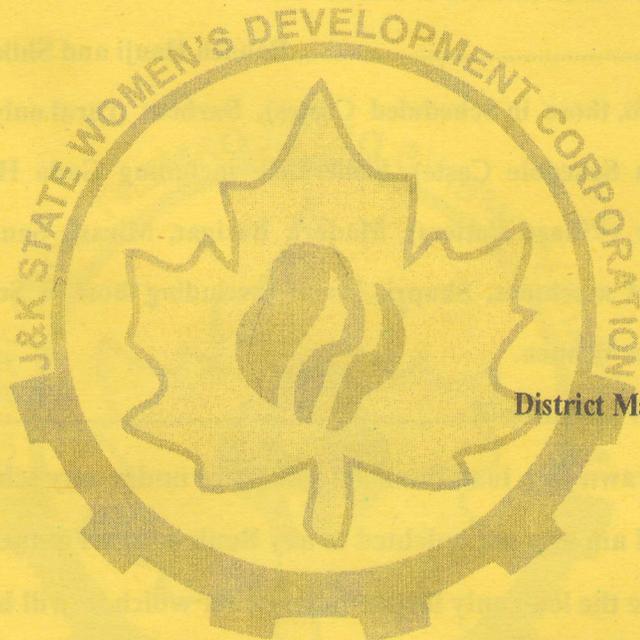
Place:

Dated:

FOR OFFICE USE

(To be recommended by the District Managers)

Certified that the antecedents of the SHG have been verified by the undersigned. The income generating activity selected by the group is viable and need based. The SHG has a requisite infrastructure for the said activity.



District Manager

Name :

Date :

Certified by

Development Officer (J&K)

Name :

Date :

**SPECIMEN OF THE AFFIDAVIT TO BE SWORN/AFFIRMED BY
THE APPLICANT BEFORE THE' COMPETENT AUTHORITY**

AFFIDAVIT

I.....D/O, W/O.....R/O.....

.....Group Leader of.....

.....here by solemnly affirm and declare as under:

1. That I am permanent resident of Jammu & Kashmir State
2. That I belong to.....Bahach Hanji and Shikarawala, Bangi (Sweepers),
Bhangi (excluding Khakrob, those in Scheduled Castes), Barbers (rural only), Bhand, Dambali Faquir,
Doom (excluding those in Schedule Caste), Fishermen including Gada Hanz), Grati (Rural only),
Jheedar, Kulfaquir, Kumhar (Village Potters), Madari, Bazigar, Mirasi, Sansi, Shaksaz, Shie Repaires
working without the aid of machines, Shupri Watal (excluding those in Scheduled Caste) Sikligar, Teli
(Rural only) Village Washer Women.
3. That our group income per annum is Rs.....from all Sources.
4. That the group has not drawn any loan/financial assistance under any scheme of the state Govt.,
Bank, or Corporation, and I am also not indebted to any Bank or any Financial Institute.
5. That the group shall utilize the loan only for the purpose for which it will be given by J&K State.
Women's Development Corporation. In case of any deviation/default, the group shall be liable to repay
immediately full amount of loan granted to the group with 12% penal interest.
6. That the group undertakes to abide by all terms and conditions as laid down by J&K
State Women's Development Corporation.

Deponent/Deponents

Verified this day of.....that the declaration made
in the affidavit are correct and true to my knowledge and belief and nothing has been concealed there in.

Date.....

Place.....

Deponent/Deponents