

J&K STATE WOMEN'S DEVELOPMENT CORPORATION JAMMU/KASHMIR

Hall No. 6-B, 2nd Floor, Auqaf Complex, Gandhi Nagar, Jammu.
Block-A 1st Floor, Old Secretariat, Srinagar.

APPLICATION FORM FOR GRANT OF LOAN UNDER TERM LOAN SCHEME in collaboration with National Handicapped Finance & Development Corporation NHFDC)

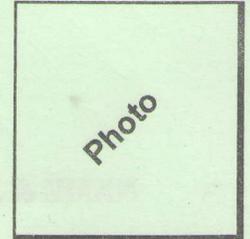
(To be filled in Duplicate)
PART-A

Date of Issue _____

Date of Receipt _____

S. No. _____

1. Name of the Applicant _____
(in Block Letters)



2. D/o, W/o _____

3. Address _____

4. State _____

5. Date of Birth _____ B) Age as on _____

6. Details of disability _____

(Attach a copy of certificate from competent authority)

7. Percentage of disability _____

8. Family details a) Male _____ b) Female _____ c) Children _____

9. Annual Income _____ Not exceeding Rs.3 Lacs in rural & Rs 5 Lacs in
Urban areas.) (Affidavit enclosed)

(If dependent, please give income of family/spouse)

10. Educational Qualification _____

11. Experience of the applicant _____
(any training received)

12. Whether belonging to SC/ST/OBC/Others _____

13. Activity proposed to be undertaken _____

14. Location _____

15. Project Cost _____

16. Amount of loan required _____

17. Has the applicant taken any loan from any Bank/Financial Institution under any scheme, if yes please indicate.

A. Amount of Loan _____ B) Purpose _____

C) Outstanding _____ D) Amount repaid _____

DECLARATION

I certify that all information furnished by me is true that I have no borrowing arrangements for the unit with any bank/financial institution, except as mentioned above, that no action has been/is being taken against me that I shall furnish all other information that may be required by you in connection with my application that this may also be exchanged by you with any agency you may deem fit; and I shall abide by all the terms and conditions as are or may be laid down by the J&K State Women's Development Corporation from time to time in respect of such loan.

Signature of Applicant

PART-B

NAME & ADDRESS OF THE INSTITUTION/HOSPITAL ISSUING THE CERTIFICATE

Certificate No. _____

Dated _____

DISABILITY CERTIFICATE

This is to certify that Smt/Kum _____

Wife/Daughter of Shri _____

Age _____ Registration No. _____ is a case of

_____ She is

physically disabled/visual, hearing and speech impairment _____ (_____

per cent)

Note:-

1. This condition is progressive/non-progressive / likely to improve / not likely to improve

2. Re-assessment is not recommend / is recommended after a period of _____

_____ months / year.

Sd/-
(Doctors)
Seal

Sd/-
(Doctors)
Seal

Sd/-
(Doctors)
Seal

Signature / Thumb impression
of the patient

Recent Photograph
showing the disability duly
attested to be affixed here

Countersigned by the
Medical Superintendent/CMO/Head
Of Hospital (with seal)

PART-C

FOR OFFICE USE ONLY

Name _____ W/o, D/o _____

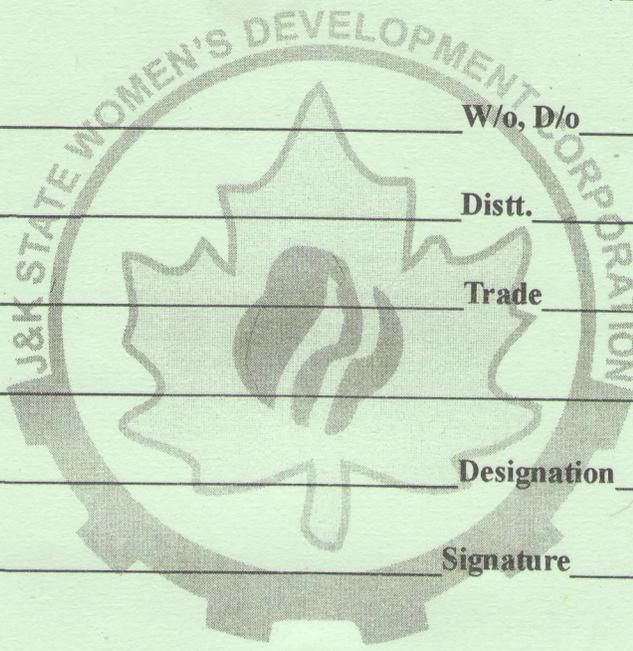
R/o _____ Distt. _____

Form No. _____ Trade _____ Applicant _____

is handicapped in respect of _____ checked by _____

_____ Designation _____

Date _____ Signature _____



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

AFFIDAVIT

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

.....here by solemnly affirms and declares as under:

1. That I am permanent resident of Jammu & Kashmir State residing.....
From the last.....years.

2. That I belong to.....Muslim/Sikh/Buddhist/Christian/
Zoroastrian Community

3. That my family income per annum is Rs.....From all Sources.

4. That I have not drawn loan / financial assistance under any scheme of the State Govt. or Bank,
Corporation, of Financial Institution or Central Govt. & i am also not indebted to any Bank or Financial
Institute

5. Neither I nor any member of my Family is in the Govt. Service.

6. That I shall utilize the loan only for the purpose to which it will be given to me by J&K State Women's
Development Corporation. In case of any deviation/default, I shall be liable to repay immediately full
amount of loan granted to me with 12% penal interest.

7. That I am Physically Handicapped have.....type of disability

8. I undertake to abide by all terms & conditions as or when will be laid down by J&K State Women's
Development Corporation

Deponent

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

Date.....

Deponent

Place.....