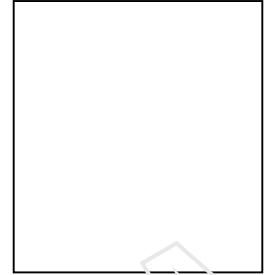


**J&K STATE WOMEN'S DEVELOPMENT CORPORATION LTD.  
615-A, Gandhi Nagar, Jammu/Old Secretariat Srinagar**

**APPLICATION FORM FOR GRANT OF LOAN UNDER MICRO/DIRECT FINANCING SCHEME  
in collaboration with National Handicapped Finance & Development Corporation  
(NHFDC)**

**(To be filled in Duplicate)  
PART - A**



S. No. ....

1. Name of the Applicant \_\_\_\_\_  
(in Block Letters)
2. D/o, W/o \_\_\_\_\_
3. Address \_\_\_\_\_
4. State \_\_\_\_\_
5. a) 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) Males \_\_\_\_\_ b) Females \_\_\_\_\_ c) Children \_\_\_\_\_
9. Annual Income \_\_\_\_\_ (Not to exceed 80,000 in rural areas & 1 lac  
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 belong to SC/ST/OBC/Other \_\_\_\_\_
13. Activity proposed to be undertaken \_\_\_\_\_
14. Location \_\_\_\_\_
15. Cost of Project \_\_\_\_\_
16. Amount of loan required \_\_\_\_\_
17. Has the applicant taken any loan from a bank/Financial Institution under any scheme, if yes  
please indicate.  
A) Amount of Loan \_\_\_\_\_ B) Purpose \_\_\_\_\_  
C) Outstanding \_\_\_\_\_ D) Amount repaid \_\_\_\_\_  
E) Organisation \_\_\_\_\_

# **CERTIFICATE**

I/We certify that all information furnished by me/us is true that I/We 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/us, that I/We shall furnish all other information that may be required by you in connection with my/our 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 the Application

PART – B

Certificate

To be given by the concerned Medical Officer.

Certified that Miss/Mrs \_\_\_\_\_ D/o, W/o \_\_\_\_\_  
R/o \_\_\_\_\_ whose photograph has been attested by me and  
who has signed this form in my presence is a permanent resident of \_\_\_\_\_ Distt  
\_\_\_\_\_ belonging to \_\_\_\_\_ class and is physically handicapped.

Date:

Place:

Seal & Signature of the Certifying Authority.

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  
\_\_\_\_\_ Desg. \_\_\_\_\_  
Date \_\_\_\_\_ Sign \_\_\_\_\_

(Affidavit on Rs. 5/- Stamp Paper with Rs. 10/- Adhesive Stamp  
Paper duly notarized)

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

**AFFIDAVIT**

I ..... D/W/o ..... R/o ...  
..... hereby  
solemnly affirms and declares as under:-

1. That I am a permanent resident of Jammu and 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 Government and I am also not indebted to any Bank or  
Financial Institute.
5. Neither me nor any member of my family is in the Govt. Service and am also not indebted to any  
Bank of Financial Institute.
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 immediately  
repay to the corporation the full amount of loan granted to me with the amount of interested penalty as  
applicable.
7. That I am Physically Handicapped have ..... type of disability.
8. I undertake to abide by all terms and conditions as or will be laid down by J&K State Women's  
Development Corporation from time to time.

Deponent

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

Deponent

Date: .....  
Place: .....