

# ANDHRA PRADESH STATE CHRISTIAN (MINORITIES) FINANCE CORPORATION

Minority Welfare Department, Government of Andhra Pradesh

## APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER SUBSIDY FOR BANK LINKED INCOME GENERATED SCHEME

1. Name :
2. Fathers'/Husband's Name :
3. Date of Birth/ Age :
4. Age :
5. Gender : 1. Male 2. Female
6. Literate : 1. Yes 2. No If yes specify education
7. Present Occupation :
8. Address :
9. Contact Number :
10. Ration Card / Adhar UID Card Number:
11. Are you physically challenged :
12. Annual Income :
13. Activity Proposed :
14. Place of Activity :
15. Activity Status :
16. If Unit already existing :
17. Total Unit Cost: Rs. \_\_\_\_\_ Self Contribution Rs. \_\_\_\_\_ Loan Required Rs. \_\_\_\_\_
18. Nearest Bank & Branch Name: \_\_\_\_\_



Date

Signature

Encl:

1. Copy of Income Certificate Rs.50,000
2. Community certificate (Transfer/Tahsildar Certificate, Baptism Certificate issued by Mainline Church Pastor)
3. Residence Proof Document