



राष्ट्रीय कृषि और ग्रामीण विकास बैंक

National Bank for Agriculture and Rural Development

नाबाई

www.nabard.org

Micro Credit Innovation Department

**Application for Assistance Under the Scheme For
Capital/Equity Support to Micro Finance Institutions**

A. Organisational Particulars

1. Name of the MFI:
2. Postal Address:
3. Phone & Fax No with STD Code:
4. E-mail:
5. Website:
6. Details of Registration/Incorporation (enclose copies):

Act/s under which registered	Date & Place of registration	Registration No	Validity Period

7. Whether Registered under Foreign Contribution (Regulation) Act, 1976 (FCRA)?
Y/N.

If yes indicate details of FCRA No. (enclose a copy)

8. Whether exemption obtained under 12A of IT Act 1961? Y/N. If yes indicate details
(enclose a copy)

9. Whether Permanent Account Number (PAN) obtained from Competent Authority?
Y/N. If yes indicate details. (enclose a copy)

B. Objectives

1. Main Objectives of the organisation as given in bye-laws, Memorandum of Association, Articles of Association, etc. ((enclose a copy each)
2. Whether there is a provision in the bye-laws to undertake borrowing/ lending activities



C. Management

1 Composition of Governing Body/ Board of Trustees/ Board of Directors

Name	Designation	Address	Occupation	Educational qualifications and experience	Details of association with any other institution

2. Details of meetings held in last two years

Year	No. of meetings held	Average attendance

3. Profile of Chief Executive Officer:

Name	Designation	Qualifications	Experience	Date of appointment	Details of association with any other institution

D. Staffing pattern

1. Please give details of organisational structure :

2. Staff details (give for last two years)

Year	Office Staff (No)	Supervisory Staff (No)	Field Staff (No.)	Total Staff (No)

3. Indicate the details of staff trained in micro finance during the last two years :

E. Details of infrastructure available:

Type of infrastructure	Description	Whether created through grant support	If yes, source of grant



F. Branch Network:

1. Area of Operation
2. Details of branch network

G. Microfinance Operations

(Enclose annual reports and audited accounts together with schedules for the last two years)

1. Whether savings services offered to the clients? Yes/No.
If no, how the clients are meeting their savings need -

2. Indicate the lending methodology

- Self Help Group –
- Grameen group -
- Individual lending -
- Others (specify) –

3. Details of lending products:

Purpose	Loan Amount	Rate of Interest per annum	Flat rate or Reducing balance method	Repayment period	No. of Instalments

4. Indicate item-wise details of non-interest service charges levied on the clients:

5. Loan outreach achieved: (give details for last two years)

Year	Loan disbursed	No. of clients	Loan Outstanding	No.Of clients



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6. Give details of loan recovery performance for the last two years:

Year	Loan recovery rate	Gross Loan Outstanding	Of which amount overdue for more than				Provision made against overdues	Loan written off
			30 days	1- 90 days	1-180 days	Over 180 days		

7. Whether micro insurance services are offered? Yes/No. If yes indicate the details including the agency arrangements, if any.

H. Business Plan for the next 3 to 5 Years:

1. Enclose a detailed business plan for the next 3 to 5 years. The detailed plan should, among others, cover actual (for 2 years) and projected (for 5 years) income & expenditure, balance sheet, cash flow statement and financial ratio analysis
2. Indicate the details of bank loan required for achieving the projected business plan
3. Furnish details of bank loan applied for

I. Indicate List of Enclosures attached

We hereby certify that the information furnished by us is correct. In the event of any of the information furnished by us is found to be false, we may be liable for any action under the law of the Land.

Place:

Signature

Date:

Seal

Name & Designation