APPLICATION FORM FOR ESTABLISHING "400/200 END AUTOMATIC REELING/DUPION MACHINE unit" UNDER CSB's Catalytic Development Programme of XII Plan

NOTE:

Affix recent photograph of the applicant.

1	Name & Residential Address of the applicant with contact telephone /fax No.	
		Phone : Fax:
		Email:
2	Father's Name	
3	Are you a new Entrepreneur?	Yes / No
4	Category: General/SC/ST/OBC	
5	Are you in any business? If so give details.	
6	Are you in silk related business? If so give details.	

Personal details:

7	Details of the applicant/Partners	Name	Age	Education	Whether SC/ST
а	Applicant				
b	Partners				
С					
d					
е		_		_	

8	Location and address where the reeling unit is to be installed.	Correspondence address
		Correspondence address
		Phone: Fax: Email:

9	SOURCE OF FUNDS: (Tick Any)	SOURCE	AMOUNT (Rs)
a	Own Funds		
b	Loan from Financial Institution		
С	Other Sources, if any		
d	Subsidies = CSB : DOS : Beneficiary		
	(i.e. 50:25:25)		

10	Name of the Bank/Financial Institution with whom you propose to apply for loan/ who have sanctioned the loan (please indicate complete address and details).	
	address and details)	

11	Present Bank transaction	Name of the bank:
	details	A/c No. :
		Address:
		Phone No. Fax:
42		T
12	Any other Information You wish to provide?	
	wish to provide:	
,	All information furnished in this	application is true to the best of my knowledge and belief. I
		und that the information given by me found to be false, I am
liabl	e to be proceeded against.	
Date		
Plac	e:	
		NAME AND
		NAME AND SIGNATURE OF APPLICANT/ENTREPRENEUR
		(alongwith firm's seal, if any)
		(diongwith initi 3 scal, it diff)
NI.	.	
<u>No</u>	<u>te:</u>	
	1. All correspondence may be	addressed to the Concerned <u>Department of Sericulture or the</u>
		Silk Board, Central Silk Board Complex, Madivala, Bangalore -
	<u>560 068</u> .	
		nitted along with the details of the promoters & a detailed
	Project Report Covering Dotr	n financial & technical parameters.
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