Tata Capital Financial Services Limited.

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| **APPLICATION FORM** | |
| Business Loan/BL OD: | **OD** |
| Date: | **29-03-2024** |
| Purpose of Loan: | (Working Capital/Acquisition of Assets/ Any other to be specified) : **WORKING CAPITAL GAP** |
| **For Office Use Only** | |
| Sales Manager Code:  CRE Code : BrancName :  DSA Code :  Referrer Code : Scheme Code : PQSEP PROGRAM  Norms No. : BL OD  CKYC No. : | |

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| **APPLICANT INFORMATION** | | |
| 1. | Applicant Name : | **RAHUL S. DUBAS** |
| 2. | Borrower Entity Type : | * Self Employed/Proprietorship * Public Ltd Co * Private Ltd Co. * Partnership Firm/LLP * HUF * Others (Please specify) |
| 3. | Principal office address | DR RAHUL S. DUBAS SYMBIOSIS MEDICAL COLLEGE FOR WOMEN & SYMBIOSIS UNIVERSITY HOSPITAL AND RESEARCH CENTRE, LAVALE HILL BASE CAMPUS, PUNE- 412115 |
|  | / Place of Business |  |
|  |  | No. of years in principal office: |
|  |  | Telephone (Office) **: 9867805571** |
|  |  | Email Address **: dubasrahul@gmail.com** |
| 4. | Date of Commencement of Business |  |
|  | Date of incorporation of Business: |  |
| 5. | Registration No./ CIN | Registration No**:22048080**  Place of incorporation : Whether GST Registered (Yes/No) GST No. : BEIPD9306M  PAN No No. : BEIPD9306M |
| 6. | Nature of Business | * Manufacturing * Retail Trading * Wholesale Trading * **Service sector** * Others |

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| 7. | Professional/Non- Professional : | If Professional then which category (Doctor/ CA/CS/CWA/Architect/ Engineers/Lawyer/Others to be specified) : **DOCTOR** |
| 8. | Contact person details | Name ;  Designation **: DR RAHUL S. DUBAS**  Phone No: **9867805571** |
| 9. | Preferred Mode of Communication : | Mail/Phone :**PHONE 9867805571** |

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| **AUTHORIZED SIGNATORY DETAILS** | | |
| 1. | Name: (as per PAN Card) : | Mr/Mrs/Ms. **RAHUL S. DUBAS** |
| 2. | Gender : (Male/Female/Transgender) | **MALE** |
| 3. | Date of Birth | 03-05-1993 |
| 4. | Designation/Relation with Company : |  |
| 5. | PAN No :  Passport No. & Expiry Date : Driving License No. & Expiry Date : Voter ID card no. :  Aadhaar Virtual ID :  NREGA Job Card No. : Others : | **BEIPD9306M** |

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| **Personal Details ( Applicant/Co-applicant)** | | | **CKYC No.** |
| 1. | Personal Detail | Name of Applicant (as per PAN): Mr/Mrs./Ms  **RAHUL S. DUBAS**  Father /Husband’s Name:  (Father’s name is mandatory if PAN no. not provided) Spouse Name: SHIVAKUMAR IRRAPPA DUBAS  Mother Name : **SWARUPA DUBAS** | |
| 2. | Gender : (Male/Female/Transgender) | **MALE** | |
| 3. | Marital Status ( Single/Married) | **MARRIED** | |
| 4. | Education : | Under- Graduate/**Graduate**/Post Graduate/Any Other to be specified : | |
| 5. | Residential Premises is : | Self/Owned/Rented : **OWNED** | |
|  | Residential Address | Address : **SYMBIOSIS MEDICAL COLLEGE FOR WOMEN & SYMBIOSIS UNIVERSITY HOSPITAL AND RESEARCH CENTRE, LAVALE HILL BASE CAMPUS, PUNE- 412115**  Land Line No. : **9867805571**  Mobile No. : **:** | |
| 7. | Permanent Address | Address : AS PER AADHAR  Land Line No. : : **9867805571** | |

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|  |  | Mobile No. : **:** : **9867805571** |

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| 8. | PAN No :  Passport No. & Expiry Date : Driving License No. & Expiry Date :  Voter ID card no. : Aadhaar Virtual ID : NREGA Job Card No. : Others : |  |

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| **Personal Details ( Co-applicant)** | | | **CKYC No.** |
| 1. | Personal Detail | Name of Applicant (as per PAN) : Mr/Mrs./Ms. Father /Husband’s Name: Mr.  (Father’s name is mandatory if PAN no. not provided) Spouse Name: Mr./ Mrs. SHIVAKUMAR  Mother Name : SWARUPA DUBAS | |
| 2. | Gender : (Male/Female/Transgender) |  | |
| 3. | Marital Status ( Single/Married) |  | |
| 4. | Education : | Under- Graduate/Graduate/Post Graduate/Any Other to be specified : | |
| 5. | Residential Premises is : | Self/Owned/Rented : | |
|  | Residential Address | Address :  City : State :  Pin Code:  Land Line No. : Mobile No. : | |
| 7. | Permanent Address | Address :  City : State :  Pin Code:  Land Line No. : Mobile No. : | |
| 8. | PAN No :  Passport No. & Expiry Date : Driving License No. & Expiry Date :  Voter ID card no. : Aadhaar Virtual ID : NREGA Job Card No. :  Others : |  | |

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| **Personal Details ( Co-applicant)** | | | **CKYC No.** |
| 1. | Personal Detail | Name of Applicant (as per PAN) : Mr/Mrs./Ms. Father /Husband’s Name: Mr. SHIVAKUMAR  (Father’s name is mandatory if PAN no. not provided) Spouse Name: Mr./ Mrs.  Mother Name : SEARUPA DUBAS | |
| 2. | Gender :  (Male/Female/Transgender) |  | |
| 3. | Marital Status ( Single/Married) |  | |
| 4. | Education : | Under- Graduate/Graduate/Post Graduate/Any Other to be specified : | |
| 5. | Residential Premises is : | Self/Owned/Rented : | |
|  | Residential Address | Address :  City : State :  Pin Code:  Land Line No. : Mobile No. : | |
| 7. | Permanent Address | Address :  City : State :  Pin Code:  Land Line No. : Mobile No. : | |
| 8. | PAN No :  Passport No. & Expiry Date : Driving License No. & Expiry Date :  Voter ID card no. : Aadhaar Virtual ID :  NREGA Job Card No. : Others : |  | |

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| **PARTNERS/DIRECTORS DETAILS (FOR PARTNERSHIP FIRM/LLP/ PVT LTD CO./PUB LTD CO.)** | | | |
| **Name** | **Address** | **Profit Sharing %** | **Total Experience** |
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| **LOAN FACILITY** | | |
| Loan Amount Requested : | Rs. 2500000 | |
| Tenure (in months) : | 60 months | |
| Repayment Mode (ECS/Others) : | ECS | |
| Disbursement in favour of : | 1. | Amount : |
| 2. | Amount : |

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| **LOAN DETAILS** | | | | |
| 1. | Existing Relationship with TCFSL / TCHFL: | Yes/No : NO | | |
| 2 | Previous Loan Details (Any loan) | | | |
|  |  | **I** | **II** | **III** |
|  | 1. Financier Name |  |  |  |
|  | 2. Type of Loan |  |  |  |
|  | 3. Loan Amount |  |  |  |
|  | 4. EMI |  |  |  |

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|  | | **BANK DETAILS** |  |
| 1. | Name of Bank : IDBI BANK 0458104000263054  Branch : NASHIK  A/c No. :  A/c Type (Savings/ Current/Others) : **SAVING ACCOUNT**  No. of Years : | | |
| 2. | Name of Bank :  Branch :  A/c No. :  A/c Type (Savings/ Current/Others) : No. of Years : | | |

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| **CREDIT CARD DETAILS** | |
| 1. | Bank :  Card No. :  Expiry Date : DD/MM/YY |
| 2. | Bank :  Card No. :  Expiry Date : DD/MM/YY |

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|  | | | **PERSONAL REFERENCES** | (Both Relatives) |
| 1. | Relative 1 : | Name :  Address :  Land Line No. : STD Code: Mobile No.  Relation with Applicant : FRIEND | | |
| 2. | Relative 2 : | Name :  Address :  Land Line No. : STD Code: Mobile No. :  Relation with Applicant : WIFE | | |
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|  | | **TRADE REFERENCES** |  |
| 1. | Name :  Mobile No. :  Email ID :  Relation with Applicant : | | |
| 2. | Name :  Mobile No. :  Email ID :  Relation with Applicant : | | |