



**ANDHRA PRADESH
STATE FINANCIAL CORPORATION
ANDHRA DIVISION**

BRANCH

**APPLICATION FOR TERM LOANS
FOR INDUSTRIAL UNITS, NURSING HOMES, HOTELS ETC.,**

Plot OS No. 2, 2nd Cross, 3rd Road, Industrial Park,
Vijayawada-520 007, A.P.
e-mail : ho@apsfc.com, URL : www.apsfc.com



(for Branch Office Use)

Loan amount	
Service Charges Amount paid Date of Payment	
Details of payment	
Loan A/c. No.	

- | | | | | | | |
|-----|---|---|--|-----|---|----|
| 1. | Date of receipt of Application | : | | | | |
| 2. | Name of Applicant | : | | | | |
| 3. | Location of the Unit | : | | | | |
| | Mandal | : | | | | |
| | District | : | | | | |
| 4. | Name of Area Officer | : | | | | |
| 5. | Existing Borrower | : | | YES | / | NO |
| 6. | If Yes, Account No. | : | | | | |
| 7. | Correspondence Address | : | | | | |
| 8. | Chief Promoter | : | | | | |
| 9. | Scheme | : | | | | |
| | Product | : | | | | |
| | Line of Activity | : | | | | |
| | Industry (Sector) | : | | | | |
| | Size of Industry | : | | | | |
| | Product Code | : | | | | |
| 10. | Lending Policy | : | | | | |
| 11. | Collateral security required | : | | | | |
| 12. | Loan a/c. position in case of
associated units | : | | | | |

Development / Appraisal Officer

APPLICATION FOR A TERM LOAN OF RS. _____ LAKHS FOR SETTING UP A
UNIT FOR THE MANUFACTURE OF _____ AT
_____, VILLAGE, _____ MANDAL _____ DISTRICT.

GENERAL DETAILS

- ### 1. Name of the Unit :

- ## 2. Address

- a. Correspondence Address

- b. Factory Address :

- c. Regd. Office :

- 3. Constitution** : Limited Company / Partnership Firm/
Sole Proprietary / Co-operative Society /
Society / Trust / Limited Liability Partnership

- 4. Date of Incorporation / Registration
of the Concern**

- ## 5. Chief Promoter

- ## 6. Contact Person

- ### 7. Phone Nos.

- Promoters Bank with whom
enquiries can be made.
(Bank, Branch, A/c No.)

- #### 9. Type of Industry (Sector)

- | | |
|----------------------------|---------------------|
| : 1. Food & Agro; Chemical | 8. Jute & Textiles |
| 2. Drugs & Pharma | 9. Medical & Health |
| 3. Engineering | 10. Construction |
| 4. Steel | 11. IT & ITES |
| 5. Paper Products | 12. Transport |
| 6. Printing | 13. Miscellaneous |
| 7. Tourism | |

- ## 10. Line of activity

- #### 11. Date of Commercial Production

12. a) Capacity :

Product	Installed		Operating	
	Existing	Proposed	Existing	Proposed

In case of Hospitals / Nursing Homes (Bed strength) :

In case of Hotels (Rooms)

b) Size of the Industry :

Manufacturing	Service
Micro	Micro
Small	Small
Medium	Medium
Large	Large

13. FOR EXISTING INDUSTRY / CONCERN

a) Brief History / company profile :

b) Working results for the last 3 years :

(Rs. in Lakhs)

Financial Year	Turnover	Net Profit / Loss	Depreciation	Cash Profit	Income Tax

Please furnish the provisional working results as on a latest date also.
In case there are vide variations in turnover or profit, please give reasons.

c) DETAILS OF LOANS AVAILED FROM THE CORPORATION (Rs. in Lakhs)

Date of Sanction	Amount Sanctioned	Amount Availed	Outstanding	Over Dues if any	Purpose

d) DETAILS OF TERM LOANS/WORKING CAPITAL LOANS AVAILED FROM OTHER FINANCIAL INSTITUTIONS / BANKS. (Rs. in Lakhs)

Date of Sanction	Amount Sanctioned	Amount Availed	Outstanding	Over Dues if any	Purpose

14. DETAILS OF ASSOCIATED CONCERNNS

a. Name of the Concern :

b. Line of activity :

c. Financed by :

d. Promoters interested in concerns:

S. No.	Name of promoter	Share holding % in the concern

e. Working results for the last 3 years :

(Rs. in Lakhs)

Financial year	Turnover	Net profit/ Loss	Depreciation	Net worth	Total Long Term Debt

f. Details of loan(s) availed from the Corporation by associated concerns of the Promoters :

Date of Sanction	Amount Sanctioned	Amount Availed	Outstanding	Over Dues if any	Purpose

g. Details of loan(s) availed from Banks / Other Financial Institutions by associated concerns of the Promoters :

Date of Sanction	Amount Sanctioned	Amount Availed	Outstanding	Over Dues if any	Purpose

(Please enclose Audited Balance Sheets, Profit & Loss Accounts along with complete schedules. If there are more units, please enclose all the details separately in same format as above at 14(a) to (g))

15. DETAILS OF SECURITIES & GUARANTEES PROPOSED

a) Collateral Securities :

Sl. No.	Name of the Surety	Details of property offered for CS with address/location	Nature: Agri/ Plot/House/ Flat/Others (Pl. specify)	Extent	Value (Rs. in Lakhs)
1					
2					
3					
4					

* Value of land to be reckoned at average of Sub-Registrar rate and Market rate.

b) Third Party guarantors details :

Sl. No.	Name of the Guarantor	Residential Address	Net Worth (Rs. in lakhs)
1			
2			
3			

(Please enclose bio-data of guarantors as per format with colour photograph)

II. PRODUCTS :

1. Product Details :

S.No.	Name of Product	Installed capacity (units)	Operating capacity (units)	Capacity Utilisation (%)	Uses & Application
a					
b					
c					

2. By-product Details :

S.No.	Name of Product	Installed capacity (units)	Operating capacity (units)	Capacity Utilisation (%)	Uses & Application
a					
b					
c					

III. MANAGEMENT:

1. Details of all promoters : (Please enclose Bio-data/details of all promoters in proforma enclosed)

S. No.	Name of Promoter	Father / Husband Name	Share holding %	Source of investment in the concern
1				
2				
3				
4				
5				
6				
7				
8				

2. Management Details :

Boiling water
Chlorinated

3. Any other details :

IV. PROJECT DETAILS

1. Brief note on Project :

2. Locational Advantages :
Suitability

i) Prominent Land marks :

ii) Nearby Industries :

3. LAND

- i) Freehold / Leasehold :
- ii) Date of Purchase / Lease :
- iii) APIIC / Private :
- iv) Nature of land : Industrial / Other

Details

Sl. No.	Description of Land	Acres / Sq.Yds.	Freehold / Leasehold	Cost including Regn. (Rs. in Lakhs)	Lease period (if leasehold)

4. BUILDINGS / CIVIL WORKS :

(Rs. in Lakhs)

(Please include the cost of land development under Buildings/Civil works).

5. DETAILS OF MACHINERY (PROPOSED)

a. Indigenous / Imported

(Rs. in lakhs)

b. Brief Notes on Machinery :

c. Erection Details :

6. MANUFACTURING PROCESS/ DETAILS OF SERVICES :

Nature of process : Continuous / Batch type

Brief Note on process / service :

7. TECHNICAL KNOW-HOW

a. Where specialized technical know how is involved :

Name of Technical Know how consultant(s) :

Background of consultant(s) :

(Please enclose copy of technical know-how agreement)

Name and address of units to whom similar know how was provided :
1.

2.

b. Where specialised technical know-how is not involved :
(Please provide details of technical support proposed)

8. RAW MATERIAL :

a. Raw Material details :

S.No.	Name of Raw Material	Source	Cost/Unit	Comments on availability
1				
2				
3				
4				

b. Brief Note on raw materials availability & arrangements :

c. If restricted item is involved :

i. Details of quota available :

ii. Details of approvals :

9. STORES & CONSUMABLES :

10. UTILITIES :

a. Power

Connected Load : HP

Contracted Load : HP

Cost of Power p.a. :

Estimate of power deposit and service line charges payable to APTRANSCO/
Other provider.

b. DG Set

Capacity of DG Set :

Fuel Consumption per hour :

Effective period of utilization :

Cost of diesel p.a. :

c. Water

Whether required for process : YES / NO

If yes, quantity of water required/day :

Source of Water : Borewell / Local Authority

Whether water is adequately available : YES / NO

If no, cost of water per annum :

i. Steam

Whether steam required in process : YES / NO

If Yes :

Quantity of steam required :

Source of Steam :

Type of fuel and quantity per annum :

Cost of fuel per annum :

ii. Effluents

Nature of pollution : Air / Water / Noise / None

If none, whether PCB acknowledgement
is obtained :

If air / water / Noise pollution takes :
Place, whether PCB clearance is obtained

Details of PCB clearance

Equipment to be provided for Effluent
treatment :

III. MARKET POTENTIAL/DEMAND

ii. Brief Note on Market Demand :

- b. List of major products in the field (in the Country & in the State) :
(in case of Nursing Homes, please indicate details of other Nursing Homes / Diagnostic Centres and in case of Hotels / Restaurants / Resorts, please indicate details of other similar facilities in the area)
- c. Details of marketing / selling arrangements :
- d. Whether export potential exists, if yes, details (for industrial units):
- e. Is there any export obligation to be fulfilled, if Yes, details:

12. PRELIMINARY AND PRE-OPERATIVE EXPENSES :

Particulars	Amount / Rs.
Company formation / Legal expenses	
Interest during construction period	
Salaries & Wages	
Insurance during construction period	
Trial run expenses	
APTRANSCO Service Line charges	
Travelling & Conveyance Expenses	
APSFC Service Charges and Upfront Fee	
Market Survey expenses	
Miscellaneous expenses	
Total	

13. DEPOSITS :

S.No.	Particulars	Amount / Rs.
1.	Power consumption - APTRANSCO / Others	
2.	Telephone Deposit	
3.	Miscellaneous deposits	
	Total	

14. PROJECT COST :

(Rs. in Lakhs)

Particulars	Existing as on	Proposed	Total
Land			
Buildings			
Contingencies			
Machinery - Imported			
Machinery - Indigenous			
Contingencies			
Erection Expenses			
Crockery & Cutlery			
Linen			
DG Set			
Furniture			
Dies & Moulds			
Technical Know how fees			
Deposits			
Preliminary & Pre.op. expenses			
Working capital margin			
P & L A/c. Debit Balance			
Other Fixed Assets (Please specify)			
Total			

15. MEANS OF FINANCE

(Rs. in Lakhs)

Particulars	Existing as on _____	Proposed	Total
Capital			
Reserves & Surplus			
Internal Accruals			
Subsidy			
Special / Seed Capital			
Margin Money			
Term Loan - APSFC			
Term Loan - Others			
Unsecured Loans - Interest Free			
Unsecured Loans - Interest bearing			
Others (Please specify)			
Total			

16. PROMOTERS CONTRIBUTION :**17. DEBT EQUITY RATIO :****18. D.S.C.R. :****19. I.R.R. :**

20. (A) ECONOMICS OF WORKING (for industrial units):

No. of working days per annum : _____

No. of shifts per day : _____

No. of working hours per shift : _____

a. Capacity

Installed Capacity of the unit : _____

Qty.	Revenue (Rs. in Lakhs)

Operating Capacity of the unit : _____

1st Year
2nd Year
3rd Year
4th Year

Optimum Capacity Utilization : _____

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b. SALES REVENUE (Based on 1st Year of operations):

Sl. No.	Item	Units	Qty. / p.a.	Rate/unit	Revenue / p.a.
1					
2					
3					
	Process wastage assumed				
	Total				

c. SALES REVENUE FROM BY-PRODUCTS :

Sl. No.	Item	Units	Qty. / p.a.	Rate/unit	Revenue / p.a.
1					
2					
3					
	Process wastage assumed				
	Total				

Sales Commission, if any : _____ Rs.

Notes on Sales Revenue :

Total Sales Revenue per annum : _____ Rs. _____ Lakhs

d. SALARIES :

Sl. No.	Employee type	No. required	Salary per month/ per employee	Salary per annum (Rs. in lakhs)
			Total Annual Salary	
			Fringe benefits @ 20%	
			Total Salary	

e. WAGES

Sl. No.	Worker type	No. required	Wages per month/ per employee	Wages / annum (per annum)
			Total Annual Wages	
			Fringe benefits @ 20%	
			Total Salary	

20. (B) ECONOMICS OF WORKING (for Hotels / Restaurants / Resorts):

No. of working days per annum

No. of shifts per day

No. of working hours per shift

a. Capacity

Qty.	Revenue (Rs. in Lakhs)

Installed Capacity :

Operating Capacity

1 st Year	
2 nd Year	
3 rd Year	
4 th Year	

Optimum Capacity Utilization

b. Revenue

From Room rentals / Conference Hall :

Room description	No.	Tariff	Days	Revenue
				Total

c. From Restaurant:

Food Sales	Capacity (seats)	No. of rotations	Average sales per seat	No. of days	Revenue
					Total

d. From rides etc.:

Description	No.	Rate	Days	Revenue
Total				

e. Other income, if any, please specify:

TOTAL REVENUE PER ANNUM : Rs.

Lakhs.

f. Expenditure:

- i. Cost of materials for food sales
- ii. Any other expenditure, please specify

Total expenditure p.a.

20. (C) ECONOMICS OF WORKING (for Nursing Homes / Diagnostic Centres):

No. of working days per annum : _____

No. of shifts per day : _____

No. of working hours per shift : _____

Capacity

Installed Capacity : _____

Qty.	Revenue (Rs. in Lakhs)

Operating Capacity

1st Year

2nd Year

3rd Year

4th Year

Optimum Capacity Utilization

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Revenue (based on 1st year of operations) :

i. From Room rentals :

Specification of Room	No. of Rooms	No. of beds	Rate / day	Revenue p.a.
Total				

ii. From consultation :

Nature of consultation	Cases / day	Rate	Hospital share	Total
Total				

Total Revenue

: Rs.

Lakhs.

iii. From specialised facilities / activities :

IV. From Diagnostics

V. From other services (Please specify) : Rs. Lakhs.

Total Revenue per annum : Rs. Lakhs.

EXPENDITURE :

Consumables :

21. (A) WORKING CAPITAL ESTIMATE :

No. of working days per annum : _____

Items	Total cost/ annum	No. of days	Cost	Eligibility %	Working Capital Fin. Amount
Raw Material					
Stores Material					
Work in process					
Finished Goods					
Wages & Other expenses					
Sundry Debtors					
Advances (Lumpsum)					
Other current assets (LS)					
Total Current Assets					
Less :					
Creditors for Raw Materials					
Creditors for Stores Materials					
Advance from Customers					
Working Capital Finance from Bank / APSFC / Unsecured Loans					
Working Capital margin					
Less : Existing Working capital margin					
WC margin to be brought in					

(B) DETAILS OF WORKING CAPITAL MARGIN AS ON _____

(i) Current Assets :

(Rs. in Lakhs)

Inventories :		
Raw Materials		
Stores & Spares		
Work-in-Process		
Finished Goods		
Sundry Debtors :		
Exceeding Six months		
Others		
Loans & Advances :		
Advances to RM Suppliers		
Advances to Staff		
Other Advances		
Cash & Bank balances :		
Cash in hand		
Cash at Bank		
Other Current assets		
Total :		

(ii) **Current Liabilities :**

Sundry Creditors for purchases		
Creditors for expenses		
Creditors for others		
Advances from Customers		
Provisions		
Other Current liabilities		
Total :		
Net Current Assets (i - ii) :		
Less: Bank Borrowings for Working Capital		
WCTL from APSFC		
Working Capital Margin		

(C) **DETAILS OF EXISTING WORKING CAPITAL ARRANGEMENTS :**

Name of the Bank : _____

Branch : _____

City : _____

Fund based			Non-fund based	
Facility	Limit (lakhs)	Margin %	Facility	Limit (lakhs)
CC Limits	Rs.		LC Limits	Rs.
OD Limits	Rs.		BG Limits	Rs.
Others	Rs.		Others	Rs.
ROI			Banker's Opinion :	
Outstanding as on _____ is Rs.				

22. LICENCES AND APPROVALS :

Details of Licences approvals required :

	Dt. of approval
1. Entrepreneur Memorandum	Yes / No
2. Acknowledgement from SIA (for MSI)	Yes / No
3. Approval from Inspector of Factories	Yes / No
4. Approval from Controller of Explosives	Yes / No
5. Approval from Municipality/Gram Panchayat	Yes / No
6. Approval from UDA	Yes / No
7. Approval from Inspector of Boilers	Yes / No
8. Approval from Tourism Department	Yes / No
9. Approval from Police Department	Yes / No
10. Approval from APPCB	Yes / No
11. Other Approvals details	Yes / No

23. SCHEDULE OF IMPLEMENTATION :

S.No.	Particulars	Start	Finish
1.	Land		
2.	Buildings		
3.	Machinery - Orders		
4.	Machinery - Delivery		
5.	Erection & Commissioning		
6.	Power		
7.	Recruitment of employees		
8.	Training of employees		
9.	Trial runs		
10.	Commercial operations		

24. DETAILS OF ONE TIME BENEFITS (OTS) AVAILED; IF ANY:

The applicant concern / Associate concern / Promoters / Family members have availed / NOT availed benefits under one time settlement (OTS) on compromise proposals of APSFC / Banks / Other Financial Institutions and the details are as under :

(Rs. in Lakhs)

Name of Concern	Name of Institution from which availed	Loan Availed	Settlement benefit	Year availed

25. DECLARATION:

I/We certify that all the information furnished by me/us is true; that I/we have no borrowing arrangements except as indicated in the application, for the unit with any bank; that no legal 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 and any other information available with you pertaining to the borrowing unit, present and future, may also be exchanged by you with any agency you may deem fit, and that you, your representatives, representatives of RBI, DICGC, IDBI, SIDBI, CIBIL or any other Agency as authorised by you, may at any time inspect / verify our assets, books of account etc. in our factory and business premises.

I/We further certify that as on date there are no overdues to financial institutions / banks from the undersigned, the other promoters and the company / companies in which I/the other promoters have interest as a promoter / director / partner / proprietor. I/We further certify that there are no statutory overdues pending against me / the company or other companies in which I am/the other promoters are Director/Directors.

DATE

SIGNATURE OF CHIEF PROMOTER

Name : _____

Designation :

ENCLOSURES TO THE APPLICATION FOR NEW CONCERNS

1. Copy of Partnership Deed with firm Registration Certificate, Memorandum & Articles of Association along with Certificate of incorporation in case of limited company / Bye-laws in case of a co-operative society along with Certificate of Registration.
2. Bio-data of Promoter(s) with solvency details, net worth declaration on Rs. 20/- NJS in the prescribed proforma, source of investment certified by a Chartered Accountant. Passport size three colour photographs, Photo ID (PAN card/Driving Licence/Passport/AADHAR Card / Voter ID) and residential proof of the promoters.
Copy of Income Tax returns of Promoter(s) for the last three years along with the income computation statements.
3. Proposed share holding pattern of promoters.
4. List of associated concerns/units in which the promoter/Directors are interested along with working results for the last three years (audited / certified)
5. Banker's opinion with regard to the loans availed by promoters/associated concerns.
6. Land & Buildings:
 - a) Copy of the Sale deed/sale agreement/Allotment Letter from APIIC.
 - b) Xerox copy of approved building plan & detail civil estimates from architects.
 - c) Details of civil works proposed:

S.No.	Description & type	Area/Qty	Rate	Cost

- d) Details of furniture with estimates, if any (hotel, restaurants etc.)
- e) Credentials of architects (hotels, hospitals, construction activity etc.)

7. Availability of infrastructural facilities, Power, Water, approach road etc.
8. Plant & Machinery :
 - a) List of Machinery/Testing Equipment/Other Equipments along with copy of bills already purchased, if any and proposed to be purchased in the following proforma along with Quotations and catalogues/brochures.

S.No.	Description with detailed specifications	Name of Supplier	Quantity	Rate	Total cost

- b) Comparative Quotations from two other suppliers for major machinery / equipment.
- c) Credentials of Machinery Suppliers.
- d) Turnkey agreement with the supplier (wherever applicable)

9. Technical Know-how arrangements/agreements. (wherever applicable)

10. Source of raw material along with copies of MOU/tie up arrangements made for uninterrupted supply along with quotations for raw materials and finished goods. (Wherever applicable)
 11. Statutory provisions approvals:

Plan approvals :	To be submitted for commercial complexes, nursing homes and hotels obtained from competent authority.
APPCB approval :	To obtain consent from APPCB for 64 polluting industries notified by the Govt. of Andhra Pradesh.
 12. Details of properties proposed to be offered as collateral security together with the full description and a copy of document(s).
 13. Economics of working for estimation of cost & profitability of the project.
 14. Market information with regard to potential, area of operation, demand supply gap, the market arrangements/tie up made/proposed by the applicant for marketing the product.
 15. In case of partly implemented cases / reimbursement cases the details of assets already acquired together with source of investment and provisional balance sheet certified by a Chartered Accountant. Details of stage of implementation of the project.
 16. Copy of SME Registration / SIA Acknowledgment for MSI.
 17. Payment of service charges @ 0.5% (including prevailing applicabale service tax on loan amount applied.)

ADDITIONAL INFORMATION - EXISTING CONCERNS

1. Existing shareholding pattern certified by CA.
 2. List of Existing Machinery/Testing Equipment.
 3. Existing installed capacity and present capacity utilisation.
 4. Details of existing utilities such as electricity, man power etc.
 5. Certified provisional Balance Sheet and Profit & Loss Account along with schedules if Audited Balance Sheet is more than 6 months old.
 6. Opinion from Banker and other term lending Institutions, along with details of facilities enjoyed.
 7. Details of existing marketing arrangements.

M/s. _____

BIO DATA OF PROMOTERS / THIRD PARTY GUARANTOR

(Please enclose the details of all promoters & third party guarantors along with the application in Duplicate)

1. Name :
(Full name with sur-name)

2. Permanent Address :

3. Correspondence address :

4. Telephone No. :

5. Gender : Female / Male

6. Marital status : Married / Unmarried

7. Father's / Husband's name :

8. Other Details

Mobile No. : E-mail :

Date of Birth : Place of Birth :

Voter ID No. : Hails from :

Gas Connection No. : Ration Card No. :

Passport No. : Driving Licence No.:

PAN No. : AADHAR Card No.:

Religion :

Category of Promoter : SC / ST / BC / OC / Minorities / Others.
(for statistical purpose)

9. Designation : Proprietor/Partner /Promoter Director
Professional Director / Third party
Guarantor

10. Role in the Organisation : Key Role - YES / NO

11. Academic qualifications :

12. Family Back ground :

13. Credit Card Details :

S.No.	Card No.	Bank Name

14. Experience :

S.No.	Name of Unit & Address	Designation	Period of Service		Nature of work
			From	To	

15. Income-Tax Assessee : Yes / No

(If Yes, please submit copy of IT returns with computation sheets for last 3 years)

S.No.	Year	Income Assessed	Tax paid

16. Details of loans availed from Corporation, if any :

Name of the Unit :

Amount sanctioned & Availed :

Amount outstanding :

Branch :

17. Stood as Guarantor / Surety for others : YES / NO

18. Details of Guarantees given :

19. Amount for which surety given :

20. DETAILS OF REFERENCES :

S.No.	Name of the Reference	Address of the Reference	Phone No.

21. SOLVENCY DETAILS :

IMMOVABLE PROPERTIES :

S.No.	Description of the property with location & address	Full name of the property owner and address	Extent of property	Sub-Registrar value	Market value
1					
2					
3					
4					
Total Immovable - (A)					

MOVABLE PROPERTIES :

S.No.	Items	Description	Market value
1			
2			
3			
Total Movable - (B)			

Total (A) + (B) :

Less : Liabilities :

Net Assets owned as on date :

DECLARATION

I declare that all the information furnished by me as above is true.

Date :

Signature of the Promoter / Guarantor