Application for financial assistance

under

Mukhya Mantri Krishi Sa Sajuli Yojana.

A.Name of the Appli	cant:		<u>-</u>		
Father's Name :					
Village:					
Gram Panchayat :					
AEA Eleka :		ADO Circle:	i i i i i i i i i i i i i i i i i i i		
Revenue Circle:					
District :					
C. Details of crops	grown for las	st three years:	Carrier de s		

SI	2016-17		2017-18		2018-19				
N o									
	Nam e of crop	Area Covere d	Productivity Kg/Ha	Nam e of crop	Area Covere d	Productivi ty Kg/Ha	Nam e of crop	Area Covere d	Productivi ty Kg/Ha
1									
2									
3									
4									

D.Savi	ngs Bank Account Details	of the Applicant	
Name a	appeared on the Bank Accou	unt :	
A/C No);		
	of Bank and Branch:		
IFSC C	Code No:		
	No :		
			1
true and have no under the implement	d my bank account details to suppressed any facts or full suppressed any facts or full scheme. I am aware that ents only. I am also aware tion and misutilisation of	Declaration	bove given details are est of my knowledge. I he availing the benefit ovided to procure farm
Signal	ure of ADO	Signature of	f the Applicant.