

Annexure I

**Format for project profile cum claim form for claiming 50% advance
subsidy/refinance (To be submitted by Bank in triplicate to NABARD with a
copy to NCOF/DAC)**

To

- 1) Regional office, NABARD
- 2) Regional/Sub-office,
(nearest, as per address enclosed)
National Centre of Organic Farming

**Capital Investment Subsidy Scheme for Establishment /Expansion of
..... unit.**

For use by Bank

1. Name & Address of project.
2. Name & Address of promoter.
3. Name & Address of financing bank.
4. Date of receipt of proposal/ application.
5. (a) Date of sanction of term loan by bank/NCDC.
(b) Date of disbursement of first installment
6. Means of finance
 - Total financial outlay
 - Promoters contribution
 - Bank loan
7. Item wise financial projection
8. Capacity in MT to be created:
 - New
 - Expansion / renovation
 - Existing unit
9. Rate of interest (to be) charged %
10. Brief coverage on technical
feasibility and financial viability.
(Enclose separate sheet along with project report)
11. Other relevant information if any.

12. The project has been appraised and found to be technically feasible and financially viable. We intend/do not intend to avail of refinance from NABARD. The refinance amount is Rs. _____ (if to be availed).
13. An amount of Rs. _____ (Rupees _____) being the 50% of the eligible amount of subsidy may please be released in respect of the project for crediting to the "Subsidy Reserve Fund Account - Borrower wise".
14. We note that a time limit of _____ months is stipulated for completion of the project from the date of sanction of project. If reasons for delay in completion of the project are justified, a maximum grace period of _____ months may be allowed for completion of project. We also note that the advance subsidy has to be refunded forthwith if the project is not completed within the above stipulated period and as per the broad parameters of the scheme. It is further noted that in case of any delay in refund of subsidy, the participating bank/beneficiary will be liable for payment of penal interest.

(_____)

Place :

Seal and Signature of the
Authorized signatory of Bank/NCDC

Date :