



**Karnataka Maharshi Valmiki Schedule Tribes Development Corporation Limited
(Government of Karnataka Undertaking)**

Application No : _____

Year: 2017-18

Taluk : _____ District: _____

Assembly Constituency
: _____

Select the Scheme by (✓) Mark.

1)	Self Employment Scheme (Unit Cost below Rs 1.00 Lakh)	
	1.1 a) Dairy Development	
	b) Other Purposes.	
	1.2 Direct Loan Scheme (Rearing of Animals/Sheep/Goat etc)	
	1.3 Industry Service Business Services (Unit Cost above Rs 1.00 Lakh)	
	a) Skill Development	
	b) Tourist Taxii	
	c) Other Purpose.	
	1.4 Land Purchase Scheme	
2)	Micro Credit Finance Scheme (MCF)	
3)	Ganga Kalyana Scheme	
	3.1 Individual Irrigation Bore/Open Well Scheme	
	3.2 Lift Irrigation Scheme	

Passport Photo
of the applicant

1)	Name of the Applicant and Mobile no	
2)	Father / Husband's Name	
3)	Permanent Address	
4)	Present Address	
5)	Date of Birth and Aged	
6)	Education Qualification	
7)	Caste / Sub Caste	
8)	Household Annual Income	
9)	Loan Purpose	
10)	Applicants Experience /Training obtained for requested Loan	

11)	Estimated Unit Cost	
12)	Applicants Service Bank Name of the Nationalised /Schedule Bank and Branch	
13)	Applied Self Help Group a) Name of the Self Help group(SHG) b) No of Members of the SHG	
14)	Attested Documents has to be enclosed along with the application.	1. Applicants Caste and Income Certificate
		2. Applicants Adhar Card
		3. Applicants Residential Certificateæ
		4. Small Farmers Certificate and RTC required for applicant request for Ganga Kalyna Scheme
		5. Land Less Agriculture Labourer Cerificate from the Concerned authority for Land Purchase Scheme
		6. Drivers Licence Certificate and Badge required for request of purchase of Transport Vehicle
		7. For obtaining Skill Development Programme ITI/Diplomo Certificate required.

The above facts furnished are true to my Knowledge , and if anything is false , I agree to the Corporation for taking necessary action. I agrees to state that I and My family has not taken any assistance from this corporation. Presently I agree , Facility provided from the Corporation will be utilised for the Proposed purpose only and repayment will be made as per rules of the corporation. £É.

(Applicatnts Signature)

Place :

Date :

Spot Inspection Report by Taluk Development Officer

Place :

Signature of Taluk Development Officer

Date :

(Name and Seal)

District Managers Recommendation/Order

Date:

Sigature District Manager

(Name and Signature)