Small Farmers Agri Business Consortium, Kerala

Application for availing assistance for promotion of value addition through Micro, Small and Medium agro processing units in Kerala.

1.	Name of Unit	:
2.	Address of the Unit	:
3.	Nature of Unit	:
	Individual/ SHG/ FPO's/ Trust/	:
	Others(Specify)	
4.	Name of applicant	:
F	Address Of Applicant	
э.	Address Of Applicant	•
6.	Age	:
7.	Aadhaar No	:
8.	Email Id	:
9.	Fax	:
10	.Designated post of applicant in company	:

11. Education qualification of	applicant :
--------------------------------	-------------

12.Name of scheme	:
13.Products intended to be produced	:
14.Brand name of product	:
15.Raw materials required and source of availability	:

16. A brief description of the project :

17.Marketing avenues of the product	:
18.Details of training attended in value addition	
Name	:
Institution	:
Duration	:
19.Have you ever availed assistance from SFAC earlier If yes, give details	:
	•

20.Have you availed /applied for assistance	:
from other agencies	
If yes, give details	:

:

21.Whether the land for establishing the Unit is owned by applicant If not, furnish details

22. Details of Cost of Project

I.	Construction of Building and Other initial expenses	:
	 a) Cost of construction of building (Own land/ on lease more than 15 years) 	:
	b) Cost of electrification works	:
	c) Cost of computer and accessories	:
	d) Cost of effluent treatment plant	:
	e) Fee for getting licenses	:
	I. Total cost	:

II. Cost of purchasing machineries

Name of Machinery	Name of Manufactures	Purpose	Cost (Rs/-)

II. Total cost :

111.	Cost of technology Purchased i. Name of Technology :	
	ii. Name of Research Institute :	
	iii. Fees :	
	III. Total cost :	
IV.	Working capital :	
V.	Total project cost (I+II+III+IV) :	
VI.	Details of financial assistance :	
	a. Name of Bank	:
	b. Branch	:
	c. IFSC Code	:
	d. Address of Bank and Branch	:
	e. Phone Number	:
	f. Email address	:
	g. Term loan amount	:
	Loan account number	:
	h. Working capital loan amount	:
	Working Capital loan account Number	:
	 Subsidy Reserve fund account number of bank 	:
	(for crediting back ended subsidy to account)	
	Name of Bank	:
	Branch	:
	IFSC Code	:

Certificate

- 1. This is to certify that the particulars given above are true and complete and the licenses/ registration required for the implementation of the project will be acquired by me.
- 2. Certified that the scheme will be implemented as per the guidelines and I agree to refund any amount due to Government if there is any violation in the implementation.
- 3. Certified that the project activities will be continued at least for a minimum period of 5 years successfully, failing which I shall refund the subsidy to Government

Signature of applicant Name & address of the applicant