



GOVERNMENT OF TAMILNADU  
 DEPARTMENT OF SERICULTURE  
 HASTHAMPATTY, SALEM-636 007

<p>APPLICATION FORM FOR ESTABLISHING SILK TWISTING UNIT 480 SPINDLES UNDER CENTRAL SECTOR SCHEME "SILK SAMAGRA" (ISDSI) <b>2019-20</b>  <b>(Tribal Sub Plan – Group Activity)</b>          (Application should be neatly filled)</p>		<p>Affix Recent passport size color photograph of Group Secretary.</p>
1	Name & Residential Address of the Group secretary with contact telephone no. / Mobile No. /fax No. / email.	<hr/> <hr/> <hr/> <hr/> <hr/> Mob: Email:
2	Father's / Husband's Name	
3	Category :	Community certificate should be attached
4	Are you in any business? If so give details.	<hr/> <hr/> <hr/>
5	Are you in silk related business? If so give details.	<hr/> <hr/> <hr/>

Personal details:

6	Details of the Group Members	Name	Age	Education	Remarks
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					

7	Location and address where the Silk Twisting unit is to be installed.	Unit address	
		_____	
		_____	
		Correspondence address	
		Phone:	
		Email:	
8*	SOURCE OF FUNDS: (Tick Any)	SOURCE	AMOUNT (Rs)
A	Own Funds		
B	Loan from Financial Institution		
C	Other Sources, if any		
9	Name of the Bank/Financial Institution with whom you propose to apply for loan/ who have sanctioned the loan (please indicate complete address and details).	_____	
		_____	
		_____	
10	Present Bank Account details	Name of the bank: _____	
		Name of the Branch: _____	
		A/c No. : _____	
		IFSC : _____	
12	Aadhaar No of the Group Secretary		
13	Any other Information You wish to provide?		

**\* Applicant shall provide the details of funds to be mobilized for bearing the beneficiary share, GST and any other miscellaneous expenditure that may occur during the course of setting up the unit.**

All information furnished in this application are true to the best of my knowledge and belief. I am aware that if at any time that the information given by me were found to be false, I am liable to be proceeded against.

Date :

Place:

NAME AND SIGNATURE OF  
APPLICANT/ENTREPRENEUR  
(along with firm's seal, if any)

**Note:**

1. All correspondence may be addressed to the Director, Department of Sericulture, Hasthampatty, Salem – 636 007
2. Application should be submitted along with the details of the promoters and partners (if any) & a detailed Project Report covering both financial & technical parameters.

