

Utilization Certificate for the period from _____ to _____.

Name of the SCA: _____

Type of Loan	Advance Funds			Current Period Utilisation						Cumulative Utilisation as on					
	Date	Amount	Cumulative	Upto Rs.5.00 lakh		Above Rs.5.00 lakh		Total		Upto Rs.5.00 lakh		Above Rs.5.00 lakh		Total	
General Loan Schemes (GLS)				Amount	No. of Beneficiaries	Amount	No. of Beneficiaries	Amount	No. of Beneficiaries	Amount	No. of Beneficiaries	Amount	No. of Beneficiaries	Amount	No. of Beneficiaries
(a) Term Loan															
Agri. Allied Sector															
Small Business Sector															
Service Sector															
Transport Sector															
New Swanima															
				Upto Rs.10 lakh		Above Rs.10 lakh		Total		Upto Rs.10 lakh		Above Rs.10 lakh		Total	
(e) Education Sector															
(a) In India															
(b) Abroad															
Total															

Utilisation Summary (1st April - to U.C Date) (GLS)

Opening unutilized 1st April: _____
 Add: Receipts: _____
 Add / Less: Reappropriation
 from / to Micro Finance Sector _____
 Total Receipts: _____
 Less: Cumulative Disbursement to
 Beneficiary's _____
 Less: refund to NBCFDC _____
 Balance: Closing funds available
 as on _____

Encl: Please enclose list of beneficiaries / assisted as per NBCFDC norms.

Authorised Signatory
MD SCA

Utilization Certificate for the period from _____ to _____.

Name of the SCA : _____

Type of Loan	Advance Funds		Current Period Utilisation			Cumulative Utilisation as on.....			
	Date	Amount	Cumulative						
Micro Finance Schemes (MFS)				Amount	No. of SHG	No. of Beneficiaries	Amount	No. of SHG	No. of Beneficiaries
(a) Micro Finance Scheme									
(b) Mahila Samridhi Yojana Scheme									
Total									

Utilisation Summary (1st April - to U.C. Date) (MFS)

Opening unutilized 1st April : _____
 Add: Receipts: _____
 Add / Less: Reappropriation _____
 from / to General Loan _____
 Sector _____
 Total Receipts : _____
 Less: Cumulative Disbursement to _____
 Beneficiaries _____
 Less: refund to NBCFDC _____
 Balance: Closing funds available _____
 as on _____

Encl: Please enclose list of beneficiaries / assisted as per NBCFDC norms.

Authorized Signatory
 MD SCA