

Annexure XVI

FORMAT FOR UTILIZATION CERTIFICATE – CAPITAL & INTEREST SUBSIDY (OLD CASES) UNDER AGRI CLINICS AND AGRI BUSINESS CENTRES SCHEME (ACABC)

(To be submitted, in duplicate, to the Regional Office of NABARD by the financing bank)

1. Name, address and location of the beneficiary and project:
2. Name of the financing bank:
3. Name & address of the financing Branch:
4. Date of sanction of loan by bank:
5. Dates of verification by Inspection Team:
6. (a) Date of Commission of the unit:
(b) Date of completion of the unit:
7. Brief description of facilities created, capacity level of the project etc.:

Total financial outlay (Rs) as per Project Report			
Margin Money (Rs)			
Bank Loan (Rs)			
Rate of interest charged by the financial bank (% p.a.)			
	Subsidy received (Rs) from NABARD	Date of Receipt	Date of credit to the Borrowers account or Subsidy Reserve Fund account
Capital Subsidy			
50% Advance subsidy			
Final instalment of Receivable capital subsidy			
Interest Subsidy			
First Instalment (Ist Year)			
Final Instalment (IInd Year)			
The bank has/has not availed refinance from NABARD			
12. This is to certify that the full amount of subsidy received towards both capital cost and interest on bank loan in respect of the above project has been fully utilized (by way of crediting to the “subsidy Reserve Find Account/Interest Subsidy receivable Account” Borrower-wise) and adjusted in the books of account under the sanctioned terms and conditions of the project within the overall guidelines of the scheme.			

Place:

Date:

Seal & Signature of Branch Manager (Financing Bank)