

**Annexure XVII**

**FORMAT FOR UTILIZATION CERTIFICATE - COMPOSITE SUBSIDY**

**(FOR THE USE OF FINANCING BANK TO BE SUBMITTED TO THE REGIONAL OFFICE OF NABARD)**

**SCHEME FOR SETTING UP OF AGRICLINICS & AGRIBUSINESS CENTRES**

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	Date of verification by Joint Verification Team			
6	Date of commission of the unit			
7	Total financial outlay (Rs)			
8	Margin Money (Rs)			
9	Bank loan (Rs)			
10	Rate of interest charged by the financial bank (% p.a.)			
11	<b>Subsidy details</b>			
	Composite Subsidy received from NABARD	Subsidy amount (Rs)	Date of Receipt	Date of credit to the Borrowers account or Subsidy Reserve Fund account
	Advance subsidy			
	Final subsidy			
12	Brief description of facilities created with capacity etc.			
13	The bank has / has not availed refinance from NABARD			

This is to certify that the full amount of composite subsidy received in respect of the above project has been fully utilized (by way of crediting to the "Subsidy Reserve Fund 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 the  
Branch Manager (Financing bank)