

Ref. No. Date

MAIL to Nodal Branch of Concern Bank

50% INTEREST SUBSIDY ON BANK LOAN TO WOMEN SHGs (ISS-BLS) GOR
CLAIM FORMAT TO BE USED BY BRANCH FOR NEW CLAIMS
 (CLAIM PERIOD FOR THE QUARTER ENDED.....)

Name of Bank
 Branch

Tel.No.

S. No.	Name of Women SHG & Address (Village & Block)	Loan Amount sanctioned Rs.	Loan A/c Number	SB A/c Number	Date of Sanction	Rate of Interest	Interest Amount	50% Int. Subd. Claimed	Whether A/c is Standard or NPA
1	2	3	4	5	6	7	8	9	10
1									
2									
3									
4									
5									
6									
7									
8									
9									
TOTAL									

Certified that the claim is / are genuine & correct and as per 50% Interest Subsidy Scheme on Bank Loan to women SHGs (ISS-BLS) GOR (S. NO. 5 (5.1 TO 5.7) of eliginlly criteria of the sceheme)

PLACE
 DATED

BRANCH MANAGER
 (loan sanctioning/claiming branch)

पृष्ठ-३

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3									
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TOTAL									

Certified that the claim is / are genuine & correct and as per 50% Interest Subsidy Scheme on Bank Loan to women SHGs (ISS-BLS) GOR (S. NO. 5 (5.1 TO 5.7) of eligibility criteria of the scheme)

PLACE
DATED

BRANCH MANAGER
(loan sanctioning/claiming branch)

पृष्ठ-१

Ref. No. Date

MAIL to: The AGM, State Bank of Bikaner & Jaipur,
Secretariat Branch Jaipur In three copies

50% INTEREST SUBSIDY ON BANK LOAN TO WOMEN SHGs (ISS-BLS) GOR
CONSOLIDATED CLAIM FORMAT TO BE USED BY NODAL CLAIMING BRANCH OF BANK FOR NEW CLAIMS
(CLAIM PERIOD FOR THE QUARTER ENDED.....)

Name & Address of the
Nodal Claiming Branch

Mobile & Tel.No.

S. No.	Nam of the branch (es) on whose behalf the claims lodged	Name of District	No. of claims covered	Amount of claims	Remarks
1	2		3	4	5
1					
2					
3					
4					
5					
6					
7					
8					
9					
	Total				

PLACE
DATED

Signature of the authorized officer of Nodal
Claiming Branch of Bank

पृथक-पृथक

Ref. No. Date

MAIL to: The AGM, State Bank of Bikaner & Jaipur,
Secretariat Branch Jaipur In three copies

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(CLAIM PERIOD FOR THE QUARTER ENDED-----)

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1					
2					
3					
4					
5					
6					
7					
8					
9					
	Total				

PLACE
DATED

Signature of the authorized officer of Nodal
Claiming Branch of Bank