

4. MEANS OF FINANCE :

Sl.No	Source	Per Unit	% age	Total forUnits
1.	Promoter's Contribution			
2.	Subsidy			
3.	Loan -SCA			
4.	Term Loan -NSTFDC			
5.	Others, if any (specify)			
Total :				

5. IMPLEMENTATION SCHEDULE :

- i) Commencement (Month/year)
- ii) Completion (Month/Year)

6. Details of assumptions regarding operations

- No of Working Days in a year
- KM operated per Day.
- Rate per KM/Load
- Cost of Fuel Per liter(latest rates applicable in the State)
- Cost of Engine Oil per liter.
- Qty & replacement norms (in Kms) of Tyres.
- Consumption of Fuel per KM .
- Cost of Mobil Oil per ltr.
- Cost & Period for replacement.
- Service Cost and periodicity.

FORMAT NO.3 (ANNEXURE I)

COST OF OPERATIONS PROFITABILITY STATEMENT (PER UNIT)

(Rs. in Lakhs)

	<u>S.No.</u>	<u>Particulars</u>	<u>Ist year</u>	<u>IInd year onwards</u>
A.		<u>Earnings</u>		
B.		<u>Operating Costs</u>		
	i)	Diesel/Petrol		
	ii)	Engine Oil/Mobil Oil		
	iii)	Replacement of Tyres		
	iv)	Insurance		
	v)	Repair & Maintenance		
	vi)	Interest		
	vii)	Depreciation		
	viii)	Other Expenses		
C.		<u>Total Cost</u>		
D.		<u>Gross Profit(A-C)</u>		
E.		<u>Cash Profit</u>		
F.		<u>Profit Before Tax (D-E)</u>		
G.		<u>Taxes, if any</u>		
H.		<u>Profit After Tax</u>		

DETAILS OF SELECTED APPLICANTS's FOR SEEKING DISBURSEMENT OF FUNDS

NAME OF STATE CHANNELISING AGENCY (SCA) _____

NAME OF THE SCHEME & NSTFDC'S FILE No. _____

NO.OF SANCTIONED UNITS

[illegible]

CERTIFIED THAT ALL THE IDENTIFIED PERSONS INCLUDED IN THE LIST ARE ELIGIBLE FOR ASSISTANCE AS PER ELIGIBILITY CRITERIA OF NSTFDC.

SIGNATURE _____

(AUTHORISED SIGNATORY)

NAME & DESIGNATION OF OFFICIAL

Note : i) Separate sheet to be used for each scheme

* ii) Please indicate Category Code as (i) for Educated Unemployed/under employed (ii) for women