

**FORMIT OF QUARTERLY PROGRESS REPORT OF FUNDS UTILIZATION FOR THE
PERIOD.....TO**

(REPORT TO BE SENT BY THE SCA TILL THE DATE OF FULL IMPLEMENTATION OF SCHEME)

1.	NAME OF THE PROJECT/SCHEME :					
2.	LOCATION OF PROJECT/SCHEME :					
3.	<u>IMPLEMENTATION PERIOD</u>		<u>AS PER SANCTION</u>		<u>ACTUAL</u>	
	i)	Date of Commencement :				
	ii)	Date of Completion :				
4.	BREAK UP OF NUMBER OF UNIT(S)		<u>AS PER SANCTION</u>		<u>ACTUAL</u>	
			Rural	Urban	Total	Rural Urban Total
			_____	_____	_____	_____
5.	NO. OF BENEFICIARIES		<u>AS PER SANCTION</u>		<u>ACTUAL</u>	
			Rural	Urban	Rural	Urban
	i)	Educated unemployed/under employed				
	ii)	Women				
	iii)	Others				
		Total :	_____	_____	_____	_____
6.	COST OF PROJECT AND ACTUAL EXPENDITURE		(Rs. In lakhs)			
	<u>Sl. No.</u>	<u>ITEMS</u>	<u>SANCTIONED</u>		<u>ACTUAL</u>	
	i)	No. of Units :				
	ii)	Cost per Unit :				
	iii)	Total Cost of Scheme/Project :				
7.	DETAILS OF SOURCES AND UTILISATION OF FUNDS					
	<u>Sl.No.</u>	<u>Sources</u>	<u>Sanction</u>		<u>Actual (Cumulative)</u>	
			Per Unit	Total for..... Units	Per Unit	Total for Units
	i)	Promoter's Contribution :				
	ii)	NSTFDC's Share- * Term Loan/ Bridge / * Working Capital Loan				
	iii)	SCA's Share * Term Loan/ Seed Capital :				
	iv)	Subsidy :				
	v)	Others(Specify) :				
		Total :	_____	_____	_____	_____

8. DETAILS OF RECEIPT AND UTILISATION OF NSTFDC's SHARE

<u>RECEIPT FROM NSTFDC</u>			<u>FUND RELEASED BY CHANNELISING *</u>		
<u>Cheque/ DD No.</u>	<u>Date</u>	<u>Amount</u>	<u>AGENCY TO SUPPLIERS</u>		
<u>Cheque/ DD No.</u>	<u>Date</u>	<u>In favour of</u>	<u>Amount (on Rs.)</u>		
9.	Deviations from the Sanction if any, alongwith reasons				
10	OTHER RELEVANT INFORMATION, : IF ANY				

NOTE: i) Details of funds released by channelising agency to the beneficiaries/suppliers of assets are to be furnished separately for each instalment disburse by NSTFDC incorporating the particulars specified above. A separate sheet may be enclosed, if required.
ii) In case funds are released to the beneficiaries directly details of the same to be furnished in Annexure-I (below)
iii) Transfer of funds by Channelising Agency to its Branches/District Offices/Field Offices will not be treated as disbursement for the purpose of unutilized funds attracting higher rate of interest.

ANNEXURE-I

LIST OF BENEFICIAIRES

NAME OF CHANNELISING AGENCY _____
NAME OF THE SCHEME _____
(NSTFDC's File NO.) _____

Sl. No.	Name and Address of the Beneficiaries	Age	Sex	Unit Cost	NSTFDC's Share	Beneficiaries Code *		Category	Cheque/DD No. & Date	Cheque/DD No. Amount
						Rural	Urban			

CERTIFIED THAT ALL THE BENEFICIARIES COVERED UNDER THE ABOVE LIST ARE ELIGIBLE FOR ASSISTANCE AS PER ELIGIBILITY CRITERIA OF NSTFDC.

SIGNATURE _____
(AUTHORISED SIGNATORY OF SCA)
NAME & DESIGNATION OF OFFICIAL

NOTE: Separate sheet to be used for each scheme. Please indicate Category Code as (i) for Educated Unemployed/under employed (ii) for women and (iii) for others.