

**APPLICATION FORM FOR CATEGORY VIII UNDER THE
NATIONAL AWARD RULES**

**BEST STATE CHANNELISING AGENCY OF THE NATIONAL
HANDICAPPED FINANCE AND DEVELOPMENT CORPORATION**

1.	Name of the State	
2.	Name of State Channelising Agency in English(in BLOCK Capital letters) and Hindi	
3.	Year of nomination as SCA of NHFDC	
4.	Date of execution of GLA	
5.	Date of Government Guarantee	
6.	Quantum of Government Guarantee	
7.	Number of Projects received in NHFDC from SCA in the previous financial year	
8.	Number of projects sanctioned by NHFDC during previous financial year	
9.	Amount released by NHFDC to SCA during previous financial year.	
10.	Amount disbursed to beneficiaries by SCA during previous financial year.	
11.	Number of Persons with Disability to whom loan disbursed by the SCA during previous financial year.	
12.	Recovery due from the SCA till the end of previous financial year.	
13.	Recovery received from SCA till the end of previous financial year.	
14.	Recovery percentage at the end of previous financial year.	
15.	Funds refunded by SCA during the previous financial year	
16.	Utilisation certificates received from SCA during the previous financial year.	
17.	Utilization percentage during previous financial year for the amount due for utilization.	

Signature:

Name:

Designation:

Office Address with seal:

Comments of the Recommending Authority: