

ANDHRA PRADESH STATE FINANCIAL CORPORATION  
RANGA REDDY (WEST) BRANCH

APPLICATION-CUM-MEMORANDUM FOR SANCTION OF  
SHORT TERM LOANS TO  
**DOCTORS/NURSING HOMES**

01. NAME & ADDRESS OF THE BORROWER:

a. Correspondence

b. Location of the unit :

02. CONSTITUTION :

03. DETAILS OF PROMOTERS :

04. DETAILS OF LAST 3 YEARS INCOME :  
(Please give as per IT returns)

ASSESSMENT YEAR	GROSS INCOME	(Rs.in lakhs)
		TAXABLE INCOME

**Details of earlier loans availed from the Corporation :**

(Rs. in lakhs)

Account Code No.	Date of Sanction	Amount Sanctioned	Amount Disbursed	Present O/s.		Arrears, If any as on ____
				Prin.	Int.	

Working Results of Associate concerns for the last 2 years

Financial Year	Revenue for operations	Net Profit	Depreciation

05. ELIGIBILITY CRITERIA :

i) Whether practicing doctor :

ii) Whether IT payee for last 2 years :  
(Please collect copies of returns filed /  
Assessment orders).

06. BANKER'S NAME & ADDRESS :  
(of Chief Promoter)

07 PARTICULARS OF EXISTING PRACTICE :

From	To	Place for Practice

**08. PURPOSE :**

a) In case of assistance for purchase of assets / :  
equipment / renovation etc.:

- i] Facilities / Addl. facilities proposed to be created / facilities are proposed to be added provided to the patients. :
- ii) Cost of the assets / equipment etc. proposed to be acquired / spent (Enclose list and estimates) :
- iii) Loan eligibility Cost of assets etc. x \_\_\_\_% :
- iv) COST OF SCHEME :

(Rs. in lakhs)

Description	Amount	Loan Eligibility @ ____%
Medical Equipment		
Miscellaneous Expenses		
<b>TOTAL</b>		

- v) MEANS OF FINANCE:

(Rs. in lakhs)

	Total
Capital	
Term Loan from APSFC	
<b>TOTAL</b>	

**DEBT EQUITY RATIO:**

(Rs. in lakhs)

Debt :  
Equity :  
The Debt Equity Ratio works out to :

9. In case of working capital finance :
- Working Capital Estimates (details) :
- Total working capital :

09(a) ESTIMATION OF REVENUE TO BE GENERATED (AFTER AVAILING THE LOANS) AND COVERAGE OF REPAYMENTS:

Particulars	Qty	Rate	Total Revenue p.a. 300 days
Consultation per day			
Blood Tests			
Urine / Stool Test			
USG Scan / X-Ray / ECG			
<b>Total</b>			
Expenditure			
Consumables			
Salaries & Wages			
Rent ,rates &taxes			
Miscellaneous Expenses			
<b>Total Expenses</b>			
Profit before Int. Depre. & Tax			
Less: Depreciation @ 25%			
Less: Interest			
Profit before Tax			
Less: Provision for Tax @ 33.66%			
Profit after Tax			
Add back: Depreciation & Interest			
Total Surplus			
<b>Surplus available for repayment</b>			
Yearly Repayment Commitment			
Principal			
Interest			
<b>Total Repayment Commitment p.a.</b>			

b. Annual DSCR Balance available / Total Debt :  
(Please ensure Repayment (c / d) 1.5 times to 2 times)

10 PARTICULARS OF COLLATERAL SECURITY:

SIGNATURE OF THE APPLICANT

**(FOR OFFICE USE ONLY)**

RECOMMENDATIONS OF THE OFFICER:

MANAGER (F)

BRANCH SANCTION COMMITTEE



\* (Please enclose Two Recent Passport size colour photographs)

## BIO-DATA

TO BE SUBMITTED TO APSFC ALONG WITH TERM LOAN APPLICATION BY THE  
APPLICANT / PARTNERS / DIRECTORS & INDIVIDUALS

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01. Name and location of the unit proposed / existing. :
02. Applicant's full name with surname :
03. Permanent Address :
04. Correspondence Address :
05. Telephone No. :
06. Gender :
07. Marital Status :
08. Father / Husband's full Name :
09. Other details :
- |                    |                                   |
|--------------------|-----------------------------------|
| Mobile No:         | E-Mial:                           |
| Date of Birth:     | Place of Birth:                   |
| Voter ID No:       | Ration Card No:                   |
| Gas connection No: | Driving License No:               |
| Passport No:       | Category of promoter: SC/ST/BC/OC |
10. Designation : Proprietor / Partner / Promoter Director/  
Professional Director / Third party Guarantor
11. Role in the Organization : Key Role – Yes / No.

12. Academic qualification details :

13. Family Background :

14. Credit Card Details :

S.No.	Card Number	Bank Name

15. Experience

S.No.	Name of the unit & Address	Designation	Period of Service		Nature of Work
			From	To	

16. Income Tax Assessee : Yes / No.  
(if Yes please submit IT returns with computation sheets for last 3 years)

S.No.	Year	Income Assessed	Tax Paid

17. Details of loans availed from Corporation, if any:

- Name of the unit :
- Amount sanctioned & Availed :
- Amount outstanding :
- Branch :

18. Stood as Guarantor / Surety for others :

19. Details of Guarantees given :

20. Amount for which surety given :

21. Whether approached APSFC or any other financial institution earlier for loan facilities. If so give full details of name of the unit, Location, Loan amount Project cost etc., :

22. Particulars of Family members :

Slno.	Name	Age	Sex	Relation with the applicant
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23. Whether there are any dues/ loans taken from Bank etc, if so, details. :

24. Whether interest in past or present in any other Industrial units/ Trading business etc.,If so enclose relevant financial statements for the last Three years. :

25. Whether the applicants / Partners / Directors / Relatives are interested in past or presently/ in any other units financed by the Corporation if so details. :

26. Financial back ground with full description of properties owned, details of liquid assets and sources of investments of margin money. :



27.Details of References :

S. No.	Name of the Reference	Address of reference	Phone/Mobile No.

I here by declare that the above fact are true and correct to the best of my knowledge.

Place:

Date:

Signature

**ANDHRA PRADESH STATE FINANCIAL CORPORATION  
RANGA REDDY (WEST) BRANCH**

**CHECK LIST OF INFORMATION TO BE SUBMITTED FOR SHORT TERM LOANS TO  
PRACTICING DOCTORS AND EXISTING NURSING HOMES.**

1. List of directors/partners along with their detailed Bio-Data, Solvency and Net worth, source of investment. (Solvency declaration shall be given on Rs.20/- NJS, bio data as per the proforma enclosed).
2. Share holding pattern as certified by statutory auditors and proposed shareholding pattern.
3. Details of existing Nursing Home/ Hospital with location address .
4. Copies of
  - 1) Qualification Certificates.
  - 2) Experience Certificates
  - 3) Indian Medical Council Registration.
5.
  - 1) Copy of the Sale Deed OR Sale Agreement (if purchasing land)
  - 2) Estimate for Civil construction OR interiors (if any) with lease deed and internal layout
  - 3) List of equipment proposed with quotations
6. Estimate for Working Capital (if required)
7. Copy of the Collateral Security Document (125% of the loan applied in the form urban immovable properties
8. Purpose of the proposed loan with quotations/estimates for the proposed assets.
9. Details of existing Land and Building .
10. List of Existing machinery/Testing Equipment.
11. Details of Existing installed capacity and present capacity utilisation .
12. Working results of existing unit/nursing home for last three years along with audited balance sheets and profit and loss account statements.
13. Provisional and Certified Balance sheet and P&L Account and other schedules if the Audited B/S is more than six months old.
14. Opinion from Bankers and other Term lending institutions.
15. Details of properties already offered as collateral security, for earlier loans.
16. Details of properties proposed to be offered as collateral security along with the copies of documents.

17. Inspection report of the unit with details of existing facilities.
18. Details of licenses/approvals - enclose copies.
19. Details of market potentiality.
20. Details of working capital limits sanctioned already by any bank.
21. MCH trading licence / SSI regn.