



1. Please fill all the columns in the application invariably & no columns shall be left blank. If any information is not applicable mark as NA.
2. Wherever space is not sufficient, separate sheet may be used.
3. Corporation Bank reserves the right to reject any application.
4. Please tick (✓) whichever is applicable.
5. Applicant should submit duly filled application along with all relevant documents.

Affix recent
pass port size
Photograph
of Applicant
with signature

Affix recent
pass port size
Photograph
of Co-applicant
with signature

To:

The Branch Manager,

..... **Branch**

Dear Sir,

I/We hereby apply for a Corp Doctor Plus loan of Rs..... (Rupees..... only).

To enable you to consider my/our application for loan, I/we furnish the following details.

PERSONAL DETAILS		
	APPLICANT	CO-APPLICANT
01. NAME IN FULL	Mr/Ms.....	Mr/Ms..... Relationship with applicant.....
02 FATHER'S/HUSBAND'S NAME	MR.....	MR.....
03. DATE OF BIRTH		
04. GENDER	MALE : [] FEMALE: []	MALE: [] FEMALE: []
05. MARITAL STATUS	SINGLE [] MARRIED [] DIVORCEE []	SINGLE [] MARRIED [] DIVORCEE []
06. No. OF DEPENDENTS	CHILDREN..... OTHERS.....	CHILDREN..... OTHERS.....
07. RELIGION		
08. EDU. QUALIFICATION		
IF PROFESSIONAL	DOCTOR [] OTHERS (SPECIFY) []	DOCTOR [] OTHERS (SPECIFY) []
09. A. STATUS B. CATEGORY	RESIDENT [] NRI [] PIO [] SC [] ST [] OBC [] OTHERS []	RESIDENT [] NRI [] PIO [] SC [] ST [] OBC [] OTHERS []
10. PAN NO	No.....ISSUED BY.....	No.....ISSUED BY.....
11. PASSPORT NUMBER	No.....ISSUED BY..... VALID TILL.....	No.....ISSUED BY..... VALID TILL.....
12. VOTER ID NUMBER		
13. DRIVING LICENCE NO.		
14. RESIDENTIAL ADDRESS	..... CITY:.....PIN : PHONE : MOBILE: EMAIL:..... OWNED [] RENTED [] EMPLOYER'S [] PERIOD OF STAY YEARS.	..... CITY:.....PIN : PHONE : MOBILE: EMAIL:..... OWNED [] RENTED [] EMPLOYER'S [] PERIOD OF STAY YEARS.
15. PERMANENT ADDRESS.	..... CITY:.....PIN : PHONE : MOBILE:	..... CITY:.....PIN : PHONE : MOBILE:
16. OCCUPATION	EMPLOYED [] SELF EMPLOYED [] OTHERS (SPECIFY) []	EMPLOYED [] SELF EMPLOYED [] OTHERS (SPECIFY) []
17. NET WORTH*	Rs.	Rs.

*Note : Full details to be furnished in the Statements of Assets and Liabilities by the applicant & co-applicant/s.

EMPLOYMENT DETAILS		
	APPLICANT	CO -APPLICANT
01. EMPLOYER NAME		
02. EMPLOYER TYPE	Central [] State [] PSU [] Others []	Central [] State [] PSU [] Others []
03. EMPLOYER ADDRESS: (Mention the address of the Office presently you are based at )	..... ..... CITY:.....PIN :..... State :..... Office Phone No..... Ext No..... Email.....	..... ..... CITY:.....PIN :..... State:..... Office Phone No..... Ext No..... Email.....
04. WORKING SINCE	Date:	Date:
05. WHETHER THE JOB IS TRANSFERABLE	YES : [] NO: [] If yes: With in State [] All India []	YES : [] NO: [] If yes: With in State [] All India []
06. REMAINING SERVICE	.....Years	.....Years.
07. DESIGNATION & DEPARTMENT	Designation: Department:	Designation: Department:
08. DETAILS OF PREVIOUS EMPLOYMENT IF ANY (Please mention Name of the employer, no of years of service etc.)	..... ..... .....	..... ..... .....
09. INCOME DETAILS	APPLICANT	CO-APPLICANT
1. Gross Salary 2. Other income (specify:) 3. Total Income (1+2) 4. Statutory Deductions (PF+Tax+SSS,etc) 5. Other Deductions (LIC direct payment etc) 6. Net Income (Enclose Income Proof)	Rs..... Rs..... Rs..... Rs..... Rs..... Rs.....	Rs..... Rs..... Rs..... Rs..... Rs..... Rs.....

DETAILS IN CASE APPLICANT IS SELF EMPLOYED / PROFESSIONAL / PROPRIETORSHIP / FIRM /COMPANY/ INSTITUTION /TRUST /ETC						
1. BUSINESS NAME						
2. DATE OF ESTABLISHMENT						
3. NATURE OF CONSTITUTION	Self employed [] Professional [] Institution [] Trust [] Proprietorship [] Partnership [] Company [] Others []					
4. NATURE OF BUSINESS /PROFESSION						
5. BUSINESS ADDRESS	..... ..... ..... Phone: Mobile Fax: Email:					
6. REGISTRATION NUMBER						
7. SALES TAX NO /VAT NO						
8. PAN NUMBER						
9. BUSINESS PERFORMANCE FOR THE LAST 3 YEARS (Enclose the proof)	(Amount in lacs)					
	Years	Turnover	Gross Income /Profit	Net income/ Profit		
	First					
	Second					
Third						
10.	PARTICULARS OF PROPRIETOR /PARTNERS / DIRECTORS /TRUSTEES/ ETC					
	Name & Address	Age	Qualification	Net Worth	Net Income	Phone No.
A.						
B.						
C.						
D.						

Note : Full details to be furnished in the Statements of Assets and Liabilities separately by the proprietor/partners/directors etc.

ADDITIONAL INFORMATION FOR ALL CATEGORY OF BORROWERS

EXISTING BANK DETAILS	APPLICANT	CO -APPLICANT
NAME OF THE PRESENT BANK & BRANCH		
DEALING WITH SINCE		
CREDIT FACILITIES ENJOYED IF ANY.	A/C NO. LIMIT (in lacs) Bal.O/S(in lacs) EMI(Rs)	A/C NO. LIMIT (in lacs) Bal.O/S(in lacs) EMI (Rs)
Whether any relative is working in our Bank?	[] Yes [] No. If yes, his/her details:	[] Yes [] No. If yes, his/her details:

OTHER INFORMATION	APPLICANT	CO APPLICANT
Saving habits	No Savings [] PPF/NSC/Pension fund [] Bank Deposit/Mutual fund/others []	No Savings [] PPF/NSC/Pension fund [] Bank Deposit/Mutual fund/others []
Borrowing history	Loans / Credit Cards [] Credit Card only [] No loans /Credit Cards []	Loans / Credit Cards [] Credit Card only [] No loans /Credit Cards []
Family Medical History	Critical illness in family [] No illness [] No Critical illness require regular treatment []	Critical illness in family [] No illness [] No Critical illness require regular treatment []
Method of repayment	Post dated cheques [] Salary deduction [] Standing instructions []	Post dated cheques [] Salary deduction [] Standing instructions []
Projected Income	Stable Income[] Irregular/varying Income[] Decline in Income [] No much variation []	Stable Income [] Irregular/varying Income [] Decline in Income [] No much variation []
Two references (To be provided by the borrower)	Name:..... Phone:..... How do you know..... Know since.....	Name:..... Phone:..... How do you know..... Know since.....
	Name:..... Phone:..... How do you know..... Know since.....	Name:..... Phone:..... How do you know..... Know since.....

LOAN DETAILS

PURPOSE OF LOAN	Construction of clinic/hospital [] Purchase of clinic/hospital [] Purchase of Site & construction of clinic/hospital [] Purchase of new medical equipments [] Ambulance [] Generators [] Computers [] Refrigerators [] Furnishing/furniture [] Electrification [] Others[]
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NATURE OF CONSTITUTION	Individual [] Joint [] Firm [] Company [] Trust [] Institution [] Hospital []
------------------------	--

In case of firm/Company/Trust etc, what is the number of partners/directors/trustees etc	Out of them, how many are doctors	
	What is the % of ownership with the doctors	

REGISTRATION / LICENCE NO	In case of Firms/Company/Trust/Hospital etc, Date of establishment	In case of Individuals, number of years of experience
		.....years

Sl. No.	Description of the items to be purchased	Manufacturer/ Supplier	Value (Rs.)
1.			
2.			
3.			
4.			
Total value of the items to be purchased (Enclose proforma invoice)			Rs.

Whether services that can be provided by the proposed new equipments are already available in other hospitals in the area?	Yes [] No []
Whether after sale service / repair/ servicing facility of the equipments is available locally?	Yes [] No []

PROJECT COST	OWN CONTRIBUTION (MARGIN)	LOAN AMOUNT
Building: Rs.	Rs.	Rs.
Equipments Rs.	Rs.	Rs.
Total Rs.	Rs.	Rs.

REPAYMENT PERIOD : Years/Months	REPAYMENT HOLIDAY:Months
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COLLATERAL SECURITIES OFFERED IF ANY, OTHER THAN THE PROPERTY	Rs.
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DETAILS OF PROPERTY TO BE GIVEN AS COLLATERAL SECURITY	
Full address /location of the property (Survey No/ Door No/ Flat No/House No/ Road, Village, Taluk, District, State) Prominent land mark/s if any.
NAME & ADDRESS OF THE OWNER OF THE PROPERTY	..... ..... Phone..... Mobile..... Email.....

PROPERTY PROFILE	Location	Metro [] Urban [] Semi Urban [] Rural []	
	Ownership	Single [] Joint []	
	Type of Property	Site/Plot [] House/Flat [] Hospital Building []	
	Age of the Property :	Years	
Whether the house/flat/Hospital, was originally constructed as per approved plan Yes [] No []			
If the property is already mortgaged to our Bank for other loan/credit limits, furnish the following information			
Nature of loan/Credit limit	Date of loan	Sanctioned loan limit.	Present Balance
		Rs.	Rs.

DETAILS OF PROJECT COST			
(A) FOR CONSTRUCTION		(B) FOR PURCHASE OF BUILDING (Including where building is under Construction)	
Purchase price of land *	Rs.....	Purchase price (Agreement Value)	Rs.....
Add:		Add:	
Stamp duty + Registration charges	Rs.....	Stamp Duty +Registration Charges	Rs.....
Add:		Cost of the project	Rs.....
Estimated Cost of construction	Rs.....	Advance payment made if any	Rs.....
Project cost (Total of above)	Rs.....	Stage of construction (Enclose Engineer's Certificate)	.....
Total area of Land	.....	Built up area of the Unit	.....
Proposed built up area (in sq. ft.)	.....	Likely date of completion	.....
Cost per sq.ft.	.....	
Stage of Construction	.....	
* To be considered only in case loan is for purchase of land/site and construction of building thereon .			

PROJECTED INCOME & EXPENDITURE			
1) Net monthly income as per income proof	Rs.....	13)Income tax/prof tax/LIC prem etc	Rs.....
2) No.of hours equipment put to use daily	.....	14) Tax on building	Rs.....
3) Incremental income generated out of New equipments per month.	Rs.....	15)Other expenses if any	Rs.....
4) Additional income due to rent saving etc., on new building.	Rs.....	16)Total monthly expenses (6 to 15)	Rs.....
5)Total income per month (1 to 4)	Rs.....	17)Net Surplus (5-16)	Rs.....
6) Monthly repair/maintenance Expenses	Rs.....	18)Depreciation added back (8)	Rs.....
7) Salary paid to machine operator/staff	Rs.....	19)Interest on loans added back (9+10)	Rs.....
8) Depreciation	Rs.....	20)Net cash accrual (17+18+19)	Rs.....
9) Interest on existing loans if any	Rs.....	21)EMI of existing loans	Rs.....
10) Interest on proposed loan	Rs.....	22)EMI of proposed loan.	Rs.....
11) Rent paid	Rs.....	23)Total loan obligations (21+22)	Rs.....
12)Drawings.	Rs.....	24)DSCR (20 divided by 23)	Rs.....

Note: Please enclose separate Project Report & Cash flow statement/DSCR statement for entire repayment period.

I/We declare that all the particulars and information furnished above are true, correct and complete and they shall form the basis of any credit decision to be taken by the Bank. I/We have not ever been adjudicated insolvent nor any insolvency proceedings are pending against me/us. I/ We further understand that the loan is at the sole discretion of the Bank. I/We confirm that the funds shall be used for the stated purpose only and shall not be used for speculative/anti-social purposes. I/We authorize Corporation Bank to conduct such checks as it considers necessary in its sole discretion and also to authorize the Bank to release such information or any other information in its records to any agency for the purpose of credit appraisal/sharing or for any other purposes.

Place:

Date:

Signature of the Applicant

Signature of the Co- applicant/s

PARTICULARS OF GUARANTOR		
NAME IN FULL	Mr/Ms.....	
FATHER'S / HUSBANDS NAME		
DATE OF BIRTH & GENDER	DOB: _____	MALE : [] FEMALE: []
MARITAL STATUS	SINGLE [] MARRIED [] DIVORCEE []	RELIGION : _____
EDU. QUALIFICATION	Graduate [] Post Graduate [] Others (specify)..... []	
IF PROFESSIONAL	Doctor [] CA [] Engineer [] MBA [] Others (specify).....[]	
PAN No	No: _____	Issued by.....
PASSPORT NUMBER	No: _____	Issued by..... Valid till:.....
VOTER CARD NUMBER		
DRIVING LICENCE NO		
RESIDENTIAL ADDRESS	PRESENT	PERMANENT
	..... CITY:..... PIN Phone :.....Mobile:..... Email :.....	..... CITY:..... PIN :..... Phone :.....Mobile:..... Email :.....
OFFICE ADDRESS.	..... CITY:.....PIN : Phone : Mobile: Email:.....	
OCCUPATION	Employed [] Professional [] Business [] Self employed [] Agriculture & Allied activities [] Others (Specify) []	
NET WORTH & INCOME	Net Worth: Rs. _____ Net Annual Income: Rs. _____ (Furnish proof of income such as salary slip/F-16/ IT return etc)	
	Statement of Assets & Liabilities should be submitted as per Bank's format.	

PRESENT BANKERS				
NAME OF THE PRESENT BANK/S & BRANCH				
DEALING WITH SINCE				
CREDIT FACILITIES ENJOYED, IF ANY.	A/C NO.	LIMIT (in lacs)	Bal.O/S(in lacs)	EMI(Rs)

I declare that all the particulars and information furnished above are true, correct and complete to the best of my knowledge & belief. Further I declare that I am not a close relative of the borrower/s.

I hereby agree to stand as guarantor toloan (nature of facility)
for Rs.....(Rupees.....only)
sought by Mr/Ms.....

Affix recent
pass port size
photograph of
the Guarantor
with signature

Place :

Date :

Signature of the Guarantor

CHECK LIST OF DOCUMENTS TO BE SUBMITTED ALONG WITH APPLICATION
Please mark [✓] the documents that are produced

PART - A : Common Documents		Yes	No
1	Address Proof & Age Proof of applicant/s and guarantor/s (Voter Identification Card, Passport, SSC Certificate or PAN - Card/ Ration Card/ Driving licence etc)		
2	Net-worth Statements - Details of Assets and Liabilities of Applicant/Co-applicant & Guarantor [Format available in the Branch] duly certified by the Chartered Accountant where the loan amount is for Rs.25 lakhs and above.		
3	Two Passport size photographs each of the Applicant , Co -applicant and Guarantor.		
4	Pro-forma invoice issued by the supplier		
5	Documents of title for own property and/ or all the link documents evidencing title of the property, i.e. Sale Deed Sale agreement and earlier title deeds.		
6	Up to date encumbrance certificate for the past 13 years.		
7	Latest Property Tax-paid receipts.		
8	Legal Opinion on title to property from Bank's approved advocate to be obtained through the branch.		
9	Copy of Approved Plan and Building Licence		
10	Project report		
11	Valuation report from approved Civil Engineer to be obtained through the Branch.		
PART-B : Income proof & other documents			
12	Copies of Balance Sheet and Income Statement for the past three years duly certified by Chartered Accountant		
13	IT assessment order/IT Returns for the last 3 years		
14	Statement of account for the last 6 months from the existing banker..		
15	Copy of degree certificate or registration certificate		

NOTE: The checklist is only indicative. The Check List is intended to help the loan applicants to become aware of basic requirements, which will enable the Bank to process the application quickly. The bank reserves the right to accept or reject any application, without assigning any reasons. Neither the Bank nor any of its officials is liable for any delay and/or lapse on part of any third party.

APPRAISAL NOTE

Name of the Branch:.....

	NAME IN FULL	Age	Net Worth	Net Income
Applicant/s	1) Mr/Ms/M/s.....		Rs.	Rs.
	2) Mr/Ms.....		Rs.	Rs.
Guarantor	Mr/Ms.....		Rs.	Rs.

NATURE OF CONSTITUTION	CATEGORY	MINORITY
Individual <input type="checkbox"/> Joint <input type="checkbox"/> Firm <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> Hospital <input type="checkbox"/> Institution <input type="checkbox"/>	SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Others <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

PURPOSE OF LOAN	
	Construction of clinic/hospital <input type="checkbox"/> Purchase of clinic/hospital <input type="checkbox"/> Purchase of Site & construction of clinic/hospital <input type="checkbox"/> Purchase of new medical equipments <input type="checkbox"/> Ambulance <input type="checkbox"/> Generators <input type="checkbox"/> Computers <input type="checkbox"/> Refrigerators <input type="checkbox"/> Furnishing/furniture <input type="checkbox"/> Electrification <input type="checkbox"/> Others <input type="checkbox"/>

REGISTRATION/ LICENCE NO	In case of Firms/Company/Trust/Hospital etc, Date of establishment	In case of Individuals, number of years of experience
		.....years

LOAN DETAILS			
Sl.No	Description of the items to be purchased	Manufacturer/ Supplier	Value (Rs.)
1			
2			
3			
4			
5			
Total value of the items to be purchased as per proforma invoice.			Rs.

PROJECT COST	(MARGIN)	LOAN AMOUNT	RATE OF INTEREST	EMI
Building: Rs.	Rs.	Rs.		
Equipments Rs.	Rs.	Rs.	Repayment Period :years/months (Inclusive of repayment holiday of .....months)	
Total Rs.	Rs.	Rs.		

Applicant/s is/are dealing with the branch since	
Operations in the account / other dealings with the branch	Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Average <input type="checkbox"/>

DETAILS OF SECURITIES OFFERED		VALUE
PRIMARY	Mortgage of land & building	
	Hypothecation of :	
COLLATERAL ECURITIES OFFERED IF ANY,		Rs.

TECHNICAL EVALUATION OF PROPERTY GIVEN AS SECURITY

1	Full address /location of the property (Survey No/ Door No/ Flat No/House No/ Road, Village, Taluk, District, State) Prominent land mark/s if any.				
2	Area /Extent of Land	Total Area	Built up Area	Cost per Sq.Ft.	
				Rs.	
3	Name & Address of the Owner				
	Name of the valuer & Valuation Details	Age of the property	Balance life of property	Date of valuation	Value Rs.
	Mr/Ms.				

LEGAL EVALUATION

1	Name of the Lawyer :Mr/Ms.				
2	Whether he is in Bank's Panel	Yes []	No []		
3	Date of legal scrutiny report				
4	Whether legal opinion is scrutinized through check list?	Yes []	No []		
5	Whether applicant has clear & marketable title	Yes []	No []		
6	Whether valid mortgage can be created in favour of Bank	Yes []	No []		
7	Any other conditions stipulated by the lawyer & compliance of the same:				

Where property is already mortgaged to our Bank for other loans/limits	Nature of loan	Limit/ Present Balance	Property value	Margin	Unencumbered value

FINANCIAL EVALUATION

A	Purchase price of premises		Rs.
B	Stamp duty	Rs.	Rs.
C	Registration Charges	Rs.	
D	Other Costs if any (Specify)	Rs.	
E	Cost of Construction		Rs.
F	Cost of furnishing		Rs.
G	Total Project cost (Total of A to F as applicable)		Rs.
H	Borrower's contribution from his own sources		Rs.
I	Loan to be availed from the Bank (G -H)		Rs.

COMPUTATION OF DEBT SERVICE COVERAGE RATIO

1) Present Net monthly income as per income proof of applicant/s	Rs.....	13) Income tax/Prof tax/LIC prem etc	Rs.....
2) No.of hours equipment put to use daily	.....	14) Tax paid on building	Rs.....
3) Incremental income generated out of New equipments per month.	Rs.....	15) Other expenses if any	Rs.....
4) Additional income due to rent saving etc., on new building.	Rs.....	16) Total monthly expenses (6 to 15)	Rs.....
5) Total income per month (1 to 4)	Rs.....	17) Net Surplus (5-16)	Rs.....
6) Monthly repair/maintenance Expenses	Rs.....	18) Depreciation added back (8)	Rs.....
7) Salary paid to machine operator/staff	Rs.....	19) Interest on loans added back (9+10)	Rs.....
8) Depreciation	Rs.....	20) Net cash accrual (17+18+19)	Rs.....
9) Interest on existing loans if any	Rs.....	21) EMI of existing loans	Rs.....
10) Interest on proposed loan	Rs.....	22) EMI of proposed loan.	Rs.....
11) Rent paid	Rs.....	23) Total loan obligations (21+22)	Rs.....
12) Drawings.	Rs.....	24) DSCR (20 divided by 23)	.....
		Note: DSCR as per Bank's norm is	1.5 : 1

COMPUTATION OF ELIGIBLE LOAN AMOUNT & EMI

				Rupees
A	Maximum permissible loan amount under the scheme.			
B	Project cost		Prescribed Margin	Eligible loan
	Building		35%	
	Equipments		15%	
	Maximum loan amount based on project cost :			
C	Loan amount sought by the applicant/s			
D	Loan amount as per repayment capacity of the applicant/s: As per DSCR. If DSCR is less than 1.5:1 , loan amount shall be proportionately reduced.			
E	PERMISSIBLE LOAN AMOUNT (Lowest amount from A, B, C, D above)			
F	EMI factor for Rs.1 lakhs for the repayment period (excluding initial repayment holiday) for prescribed % of interest Rs..... EMI for proposed loan (EMI factor..... X Permissible loan (E)			
G	Repayment Schedule : Initial repayment holiday .....months + EMI payment period.....years/months			

DETAILS OF DEVIATIONS PERMITTED BY THE COMPETENT AUTHORITY

Sanctioning Authority	Sanction Reference*	Date of Sanction	Nature of Deviations permitted

*Please enclose sanction letter.

We have appraised the loan proposal as per the scheme guidelines, applicable as on date, and after due compliance of check list for appraisal of Corp Meditech loan annexed herewith.

We recommend for sanction of loan under Corp Meditech as per the terms & conditions mentioned above .

Date: _____ **Officer /Credit Officer**

Submitted to the Branch Manager for Sanction:

Orders of Branch Manager:

- Sanctioned Corp Meditech loan of Rs.....(Rs.....only.) as recommended above.
- Not Sanctioned/ Rejected for the reason:.....
- Submitted to Zonal Manager/Retail Hub with recommendation for sanction of the proposal as per the terms & conditions mentioned herein.

Date: _____ **Branch Manager**

CHECK LIST FOR APPRAISAL OF LOAN UNDER CORP MEDITECH SCHEME		YES	NO	NA
1	Age of the applicant/ s is between 25 and 60 years. If NO, deviation sanction reference No:			
2	All the joint owners/co- owners of the property have joined as co applicant/s OR Guarantors			
3	Only close relatives have joined as co- applicants. If No, deviation sanction reference No:			
4	The Applicant/s Should have minimum of one year of experience in the field. If No, deviation sanction reference No:			
5	If the loan is for Trust/Firm/Company etc, ownership is at least up to 50% with the Doctors.			
6	Loan amount sanctioned is within the maximum limit prescribed under the scheme. If No, deviation sanction reference No:			
7	Third party guarantee obtained if any, is other than Father, Mother, Spouse, Son, Daughter, Sister.			
8	Property offered, if any as security is situated within the command area of the Branch. If No, deviation sanction reference No:			
9	Age of the Property offered as security shall not exceed 20 years. If No, deviation sanction reference No:			
10	Loan is sought for purchase of brand new equipments only.			
11	Whether valid income proof as per extant guidelines is obtained ?			
12	Whether project report & DSCR statement covering entire repayment period is obtained?			
13	Whether repayment capacity is arrived as per extant Scheme guidelines.			
14	If loan is for above Rs. 10 lakhs, value of the collateral security shall be at least 50% of loan amount.			
15	Repayment period permitted is as per the extant scheme guidelines.			
16	Where repayment period exceeds 65 years of the borrower, co applicants have repayment capacity.			
17	Whether prescribed margin on project cost is maintained ? If NO, deviation sanction reference:			
18	Where loan is for purchase of land & construction of building thereon, cost of land shall not exceed 50% of project cost. If NO, deviation sanction reference No:			
19	Whether applicable processing charges are collected ? If NO, deviation sanction reference:			
20	Whether proposed loan is within the delegated lending powers of Sanctioning Authority?			
21	Whether confidential opinion from existing banker is obtained? If Yes, whether the report is Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Negative <input type="checkbox"/>			
22	Whether due diligence is/Pre sanction visit is done by the branch /Outside agency ? Observation: Positive <input type="checkbox"/> Negative <input type="checkbox"/>			
23	Whether copy of Degree certificate / Registration certificate is obtained?			
24	Post dated cheques /ECS mandate towards payment of EMI of the loan is obtained from the applicant/co-applicant/s.			