## Application for Revolving Fund (RF) Support to Self Help Group under Day – NULM (Attach Requisite Documents)

Applicati on No.	Date of Application	Name of Self Help Group	Complete Address with Pin Code/ Ph. No.	Landmark	Date of Formatio n of SHG	Date of opening of bank Account	Bank Account Number	Bank Name	Branch Name	Branch Address	Date of Registration	

Details of Office Bearers	Remark by						Remar	'k by	Approved	Date of Transfer of RF to ALF	
President	Name	Signature	Ph. No.	RO/field coordinator		CMMU representative		ULB Competent Authority		Rejected	
				Name		Name		Name			
Secretary	Name	Signature	Ph. No.	Signature		Signature		Signature			
				Ph. No.		Ph. No.		Ph. No.			
Treasurer	Name	Signature	Ph. No.	Date		Date		Date			