



**ANDHRA PRADESH STATE CHRISTIAN (MINORITIES)
FINANCE CORPORATION
Minorities Welfare Department
Government of Andhra Pradesh
Application for Financial Assistance under the Grant-in-Aid**

(for Office Use Only)

Date of receipt of the application:
File No.:

Application for *(Please tick)*

1. **Financial Assistance to Christian Hospitals** ()
(not exceeding Rs.10.00 Lakhs)
2. **Financial Assistance to Christian School Buildings** ()
(not exceeding Rs.5.00 Lakhs)
3. **Financial Assistance to Church run Orphanage** ()
(not exceeding Rs.5.00 Lakhs)
4. **Financial Assistance to Old Age Homes** ()
(not exceeding Rs.5.00 Lakhs)
5. **Financial Assistance for Construction of Community Halls
cum Youth Resource Center** *(not exceeding Rs.5.00 Lakhs)* ()

1. Details of the Institution applying for the Financial Assistance

- a. Name of the Institution :
- b. Full Address:

c. Phone/ Fax Numbers/ Email ID/ Web site:

1.1. Name & Designation, complete address with Mobile No. of Contact Person

1.2. Institutional Details:

- a. Year of Establishment
- b. Legal Status (Name of the Act under which the Institution is registered)
(Enclose as Annexure 1)

1.3 Details of Board of Management /Governing Body
(Enclose as Annexure 2)

2. Details of the Church to which the Institution is affiliated

- a. Name of the Church:
- b. Full Address
- c. Phone/Fax Numbers/ Email ID/ Website

2.1. Name of the Recommending Authority

- 1. Designation
- 2. Full Address/Mobile No.

3. 1. Details of the Activity (To be taken up with the Financial Assistance of the APSCMFC)

- 3.2. Name of the Activity :
- 3.3. Full Address of the location of the activity:

3.4. Name of the Scheme:

3.5. Budget Estimates:

3.6. Benefits envisaged from the completion of the proposed Project:

3.7. Details of funds available from other sources for the proposed project, if any:

3.8 Any grants received in the past from the State/Central Government for the proposed activity:

Declaration

I hereby solemnly affirm that the information given above is true to the best of my knowledge and belief.

Date
Place

Signature
Designation

Note:

1. *It is mandatory for the applicant to fill all the columns. Incomplete application forms will be summarily rejected without any notice.*
2. *Application should be enclosed with all required documents.*
3. *The application form and all required documents should be properly indexed with page numbers and index should be placed on the top of the application form.*

