



## AGRI-CLINICS AND AGRI-BUSINESS CENTRE (AC&ABC)

### Format for Hand Holding Payment

#### Annexure-I

SI No.	Particulars	Details
1.	Name of the Candidate	
2.	Dates of Training and I.D. No	
3.	Address:	
	Mobile No:	
	Email:	
4.	Name of the Training Institute	
5.	State	
6.	Enterprises/ venture Name	
7.	Date of starting the enterprises	
8.	Financial Outlay	
9.	Source of investment (Own/Loan)	
	If loan, name of the bank, place, amount (in lakhs)	
10.	Subsidy	
11.	Average income Rs. (per month)	
12.	No. of farmers being covered/year	
13.	No. of villages being covered/year	
14.	No. of people employed (excluding Agripreneur)	
15.	Proof of the establishment attached	
16.	Two action photos to be attached	

**Any other information:**

**Signature of Entrepreneurs**