PROFORMA -B [STATUS OF PROJECTS SUBMITED UNDER AGRI-CLINICS AND AGRI-BUSINESS CENTRE SCHEME]										
Name of the training institute:										
Training Programme No. & Period:										
S. No.	**Name & Address of Applicant**	**ID. No.**	**Activity Proposed**	**Date of the submission to the Bank**	**Name of the Bank with Branch Details**	**Project Cost (Rs. In Lakhs)**	**Loan Amount Sanctioned**	**Date**	**Subsidy Amount released**	**Date**