

Check List by the Banks (Branch and TUFs Cell)

[Please tick (✓) the correct option wherever applicable]

For Obtaining UID under RRTUFS

(To be filled in by the Branch of the Lending Agency under TUFs)

1.	Whether information furnished by the applicant is correct and verified from the documents	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Date of receipt of the term loan application by the Bank / Institution	____/____/____ (dd / mm / yyyy)	
3.	Date of sanction of the term loan by the delegated authority (Board/Credit Committee, etc.)	____/____/____ (dd / mm / yyyy)	
4.	Date of communication of sanction to the company/firm	____/____/____ (dd / mm / yyyy)	
5.	a. Total Term Loan Sanctioned	Rs. _____	
	b. Promoter's Contribution	Rs. _____ ; ____% of the project cost	
6.	Date of completion of the project	____/____/____ (dd / mm / yyyy)	
7.	Implementation period [Item No. 7 minus Item No. 6 above]	_____ years _____ months	
8.	Date of first disbursement	____/____/____ (dd / mm / yyyy)	
9.	a. Repayment start date	____/____/____ (dd / mm / yyyy)	
	b. Repayment end date	____/____/____ (dd / mm / yyyy)	
	c. Repayment period [i.e. Item No. 9b minus Item No. 9a]	_____ years _____ months	
10.	Moratorium period [Moratorium period = repayment start date minus the date of first disbursement]	_____ years _____ months	
11.	Account Number of Term Loan		
12.	a. Whether the term loan is being shared by other Bank(s)/Institution(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. If yes, indicate sharing pattern	Name of the	Amount (Rs.)

		Bank/Institution	lakh)
		Total	
	c. In case of consortium financing, which is the lead bank?		
	d. In case of multiple banking arrangement, which is the Bank/Institution with major share of term loan? Note: for item No. 12(c) and 12(d) above- Member Banks should obtain Eligibility Certificate Number (ECN) and reporting formats based on which the ECN is given from the lead bank or the bank establishing eligibility of the project as a whole; while the lead bank should obtain reporting format RR-3 from the member banks to establish their eligibility.		
13.	Whether standard asset in the books of the Bank/Institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.	Whether there are over- dues?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15.	Date-wise disbursement patterns a. ___/___/___ b. ___/___/___ c. ___/___/___ d. ___/___/___ e. ___/___/___ f. ___/___/___ g. ___/___/___ h. ___/___/___ i. ___/___/___ j. ___/___/___ (dd / mm / yyyy)	a. Rs. _____ b. Rs. _____ c. Rs. _____ d. Rs. _____ e. Rs. _____ f. Rs. _____ g. Rs. _____ h. Rs. _____ i. Rs. _____ j. Rs. _____	
18	Repayment Schedule		
	Period		Amount
	Year	Quarter	

1 st Year	Q1	
	Q2	
	Q3	
	Q4	
2 nd Year	Q1	
	Q2	
	Q3	
	Q4	
3 rd Year	Q1	
	Q2	
	Q3	
	Q4	
4 th Year	Q1	
	Q2	
	Q3	
	Q4	
5 th Year	Q1	
	Q2	
	Q3	
	Q4	
6 th Year	Q1	
	Q2	
	Q3	
	Q4	
7 th Year	Q1	
	Q2	
	Q3	
	Q4	
Total		

Place:

(Signature)

Date :

(Name and designation of the authorised signatory)