

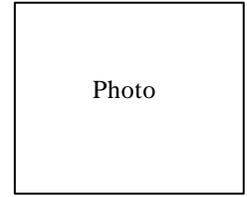
**ANDHRA PRADESH STATE MINORITIES FINANCE CORPORATION**  
4-1-825/B, II Floor, Laxmi Estate, Abids Hyderabad-1

(To be filled in duplicate)

Date:

**APPLICATION FOR ANTI POVERTY PROGRAMME**

1. Name of the candidate
2. Father's/Husband's Name
3. Age/Date of birth
4. Address
5. Ration Card if any give the particulars
6. Trade/Business
7. Experience
8. Business location/spot
9. Qualification if any
10. Name of the proposal which you want to take up under Anti Poverty Programme
- 10 (a) Amount required
11. Whether the above house is owned  
If not/how long staying in that address
12. Whether obtained any loan earlier  
If so from which bank/organisation



13. Any other information such as  
No. of dependents

14. Reference's of two neighbors

1.

2.

Place:

**Signature of the candidate**

**ECONOMICALLY BACKWARD CERTIFICATE**

**Date:**

This is to certify that  
Sri/Smt/Kum.....

S/o.,D/o or W/o  
.....

Resident of  
.....  
.

Belongs to Economically Backward Class, His/Her Annual Income is below  
.....

Note:  
Signature