

**FOR OFFICE USE ONLY**

Branch:

Seal :

DSC: Rs \_\_\_\_\_

DCC:Rs \_\_\_\_\_

PAID ON \_\_\_\_\_

VIDE CHEQUE\ DD NO \_\_\_\_\_

DRAWN ON \_\_\_\_\_

---

**Andhra Pradesh State Financial Corporation**

P.S No 165, 5-9-194, Chirag Ali Lane,  
HYDERABAD- 500 001.

**Application Form For Financial Assistance  
To Set-up Nursing Homes/Hospitals**

Applicant's Address

---

---

---

Phone No:

Nursing Home : \_\_\_\_\_

Residence : \_\_\_\_\_

**Note:**

- (1) Please enclose the documents as per the checklist given in Annexure.
- (2) Please follow guidelines given in Annexure -11
- (3) Incomplete application will be summarily rejected.

**ANDHRA PRADESH STATE FINANCIAL CORPORATION**

**FORM OF APPLICATION FOR FINANCIAL ASSISTANCE**

**TO SET-UP NURSING HOMES/HOSPITALS**

DATE: \_\_\_\_\_

To  
The Managing Director  
Andhra Pradesh State  
Financial Corporation  
Post Box No. 165  
5-9-194  
Chirag ali lane  
Hyderabad-500 001

Dear Sir,

Sub: Term loan assistance of Rs \_\_\_\_\_ lakhs and Special/Seed Capital assistance of Rs \_\_\_\_\_ lakhs to set-up a Nursing Home/Hospital Reg.

I/We \_\_\_\_\_ propose to avail a term loan of Rs \_\_\_\_\_ lakhs (Rupees \_\_\_\_\_ lakhs) and a Special /Seed Capital assistance Rs \_\_\_\_\_ lakhs (Rupees \_\_\_\_\_ lakhs) from your Corporation to set-up a Nursing Home /Hospital at \_\_\_\_\_

I/We hereunder submit the particulars of our proposal.

1. Name of the applicant :

2. a) Address of the  
proposed Nursing  
Home/Hospital :

b) Address of the  
Present Clinic/  
Nursing Home :

3. Names and address of the promoters:

---

Sl. No	Name in full	Father's Name/ Husband name	Age (years)	OC/SC/ST/BC
--------	--------------	--------------------------------	----------------	-------------

---

---

4. Constitution of the applicant (Tick which ever is applicable) : Proprietary/Partnership/Private Limited/  
Public Limited/Co-operative Societies

5. Background of the promoters :

a) Profile of the qualifications :

---

Sl No.	Name of the Promoter	Qualifications	University/ College	Year of passing	Division/ distinction/ Awards if any	Specialisation
--------	----------------------	----------------	------------------------	-----------------	---	----------------

---

b) Experience profile

---

Sl No	Name of the Institute	Designation	Experience	Remarks
-------	-----------------------	-------------	------------	---------

---

---

c) Achievements/Publications  
in the medical line :

d) Income tax/Wealth tax assessment  
details of the promoters for the past  
3 years, if any :

---

Assessment year	Income Assessed	Tax paid	Net Wealth	Tax Paid
-----------------	-----------------	----------	------------	----------

---

6. Background of the existing  
Clinic/Nursing Home :

a) Date of establishment of  
the existing Clinic/Nursing  
home :

b) Facilities like surgical and  
Diagnostics available in the  
Clinic/Nursing Home :

c) Bed Capacity :

d) Average No. of new out patient  
treated per day :

---

SI No.	Faculty	No	Fees collected Rs.
1.	General Medicine		
2.	General Surgery		
3.	Gynaecology & Obstetrics		
4.			
5.			

e) Average No. of surgeries performed per month :

---

Sl No.	Faculty	No.	Fees Charged Rs
1.	General Surgery:		
	i) Major		
	ii) Minor		
2.	Gynaecology		
	i) Major		
	ii) Minor		
3.	Obstetrics		
4.			
5.			

---

f) Working results of the existing clinic/Nursing Home for the past three years :

---

Year	Receipts of the Clinic/Nursing Home	Net income over expenditure

---

g) i) Name & Address of your Present Banker :

ii) Details of the term loan availed from the Bank :

---

Purpose of loan	Date of Sanction	Amount sanctioned	Outstanding Amount	Last date of payment
-----------------	------------------	-------------------	--------------------	----------------------

---

---

iii) Details of the term loan/Bridge loan if availed for the present proposal :

(Rs. in lakhs)

---

Date of Sanction	Amount Sanctioned	Outstanding Amount	Last date of payment
------------------	-------------------	--------------------	----------------------

---



**h) Financial position of the existing Clinic/Nursing Home as on (latest)\_\_\_\_\_**

**FIXED ASSETS:**

(Rs in lakhs)

Land

Buildings

Machinery& Equipment

Furniture

Other Assets

Working Capital

**REPRESENTED BY:**

Share Capital

Term Loan from

\*Unsecured Loans

Others (Please give details)

\*indicate the sources of unsecured loans and rate(s) of interest paid to the creditors.

**7. Facilities proposed to be offered in the Nursing Home/ Hospital :**

a) R O O M S

Nos.

Special Rooms- Single

Special Rooms-Double

Deluxe Rooms

Non-AC Rooms-Single

Semi-Private Rooms

General Ward

General Ward for low income group

- b) CONSULTANCY :** **No of expected patients per day**
1. General Medicine
  2. Gynaecology & Obstrics
  3. General Surgery
  - 4.
  - 5.
- c) DIAGNOSTICS:** **No of patients per day**
- Pathology
- i) Clinical
  - ii) Bio-Chemistry
- X-Ray
- Ultra-sound
- ECG
- Endoscopy
- d) AMBULANCE FACILITY** **No of patients per day**
- e) SURGICAL FACILITIES:**  
(Pl. indicate the theatre facilities, Anaesthilic facilities, post operative care etc.,)
- 8. POTENTIAL**
- a)
    - i) No. of private Nursing Homes/Hospitals existing in the village/town/city
    - ii) No. of Govt. Hospitals/PHCs existing.
  - b)
    - i) Total bed capacity of the private Nursing Homes/Hospitals
    - ii) Total bed capacity of the Govt./PHCs
  - c) No of clinics/Nursing Homes/ Hospitals at the proposed location
  - d) Bed capacity of the Clinics/Nursing Homes/ Hospitals at the proposed location
  - e) No of post graduate Doctors available in the village /town /city apart from the post graduate doctors available in the govt. Hospital/Primary Health Centres:
  - f) The population of the village/town /city:
  - g) Population of the near by village/town/hamlets who depend on the medical facilities at the proposed location:

- h) Speciality of the proposed Nursing Home/Hospital vis-e-vis the existing Nursing Home /Hospital

**9. PROJECT COST & MEANS OF FINANCE (proposed)**

a) Project cost:	Already incurred	To be incurred	Total	Term loan from Croprn %Amt
------------------	---------------------	-------------------	-------	----------------------------------

Land including registration charges

Land development

Buildings

Contingencies on building

**MACHINERY & EQUIPMENT :**

a) imported

b) Indigenous

c) Power supply equipment

d) Other equipment

Contingencies on the above

Hospital furniture

Cotton, Linen and other Misc.

Office furniture

Deposits

Preliminary & Pre operative expenses \_\_\_\_\_

Working Capital \_\_\_\_\_

**b) MEANS OF FINANCE (RS.IN LAKHS)**

Share Capital	Already brought in	To be brought in	Total
---------------	--------------------	------------------	-------

Capital Assistance

Term Loan from APSFC

Special Capital/Seed

Capital Assistance

Term loan from Bank/APIDC \_\_\_\_\_

Unsecured Loans \_\_\_\_\_

**10. SCHEDULE OF IMPLEMENTATION**

**Start**

**Finish**

Land

Land Development

Buildings

Machinery & Equipments

Placement of order Delivery

Installation

Power connection

Commencement of Hospital/  
Nursing Home

---

**11. MANAGEMENT:**

a) Proposed requirement of manpower:

-Post Graduate Doctors (Other than Promoters)

-Medical Officers

-Nurses

-Compounders

-Sub staff

-Administrative staff

b) Details of the Post graduate Doctors (Other than promoters) proposed to be appointed on full time basis: (Bond may be obtained as per proforma) :

---

Name of the Consultant	Qualification	Faculty	Experience	Salary payed
------------------------	---------------	---------	------------	--------------

---

c) Details of the consultants who will be the Nursing  
Home on part time basis

---

Name of the Consultant	Faculty	Charges proposed to be paid to the consultant.
------------------------	---------	--

---

---

12. Sources from which the share capital is raised/Proposed to be raised  
and the pattern of share holding: (Rs in lakhs)

A) Promoters:	Amount	Source
(1)		
(2)		
(3)		
(4)		
(5)		

B) Friends & Relatives

\_\_\_\_\_

\_\_\_\_\_

13. Proposed method of repayment of term loan  
and the period  
I/We here by declare and certify that

- 1) All the information furnished is true and no concealment of the information has been done;
- 2) No legal action has been taken against me/us and the promoters of the Unit;
- 3) I/We shall furnish any other information that may be required by you in connection with our application and shall without any reservations authorise you to exchange the information with any agency you way deem fit;
- 4) I/We shall authorise your representative, the representatives of IDBI/RBI/ or any other agencies authorised by you may at any time inspect or verify your assets, books of accounts etc., at our premises.
- 5) I/We shall abide by the rules & regulations of Corporation required to be followed in connection with our application for financial assistance and proceedings by the Corporation thereafter.

**Name & Address:**

**Date:**

**Place:**

**SIGNATURE OF THE BORROWER (S)**

Photograph

**BIO-DATA**

To be submitted to A.P.S.F.C. along with the Term Loan Application by Applicant/Partners/  
Directors individually:

1. Name & Location of the unit :
2. Full name with Surname :
3. Age & Date of Birth :
4. Place of Birth :  
(with details of Taluk, district and state)
5. Fathers/Husband's Full Name :
6. Permanent Address in full :
7. Present Address in Full :
8. Correspondence address :
9. Telephone No. if any :
10. Academic Qualifications :  
(please enclose certificate copies)
11. Previous experience with full :  
details of nature of responsibilities  
enclose certified copies)
12. Present occupation with details :  
of nature of post, salary drawn etc.
13. Whether approached SFC or any :  
other financial institution earlier for loan  
facilities. if so give details
14. Family background (Please mention :  
full background of blood relation)

15. Please indicate condition of general health :
16. Whether there are any dues/loans from Bank etc. if so details :
17. Whether interested in past or present in any other industrial units/trading / business etc. if so enclose financial statements for the last three years :
18. Whether the applicant/partner/directors relatives are interested in past or present any other units financed by Corpn., if so details. :
19. Whether involved in any court cases or stood as guarantor/surity to any other loan to APSFC :
20. Whether Income tax/Wealth tax Assessee. if so, please enclose latest assessment order copies with details of taxes paid. :
21. Financial background with full description of properties owned details of liquid assets and sources of investment of margin money
- |                   |                     |
|-------------------|---------------------|
| Immovable<br>Item | Properties<br>Value |
| Moveable<br>Item  | Properties<br>Value |

I hereby declare that the above facts are true and correct to the best of my knowledge

**SIGNATURE**

**Place:**

**Date:**

**SERVICE BOND**

**On Non-judicial**  
Stamp paper  
of Rs.5

I, \_\_\_\_\_  
S/o, \_\_\_\_\_  
aged \_\_\_\_\_ years, R/o \_\_\_\_\_ have  
today the \_\_\_\_\_ day of \_\_\_\_\_ executed this bond.

**IN FAVOUR OF**

M/s \_\_\_\_\_ here in after referred to as the  
“NURSING HOME”, confirming, undertaking and to the effect that:

1. I have offered my self as a candidate for the post of \_\_\_\_\_  
on the salary prescribed for that cadre by the NURSING HOME and selected and em ployed  
as such by the NURSING HOME from
2. It is stipulated and agreed to by me as a condition precedent that I should serve the NURSING  
HOME for a minimum period of 2 years from the date of joining service and execute a bond to  
that effect being these presents.
3. In consideration of my being employed by the NURSING HOME as \_\_\_\_\_  
on the salary by the NURSING HOME and agreed toby me, I shall serve the NURSING  
HOME for the minimum period of 2 years from the date of joining service within the said period  
of 2 years without the prior written consent of the NURSING HOME
4. In case of violation or breach of non- compliance with the above conditions, I shall refund the  
salary, other allowances drawn and other expenses incurred by the NURSING HOME without  
prejudice to the rights of the NURSING HOME regarding notice etc., in this behalf.
5. I undertake that neither I do private practice or take-up part or full time employment with any  
other organisation during the period of my employment with the NURSING HOME

In witness Whereof I have signed this bond on the date above written in token of my acceptance  
thereof.

**(EMPLOYEE)**

**WITNESSES**

- 1.
- 2.



**Annexure-I**

**LIST OF DOCUMENTS TO BE SUBMITTED**

1. Bio-data form as per the proforma and pass port size photograph of the promoters.
2. Copies of qualification certificates and experience certificates.
3. Copies of income tax and wealth tax assessment orders/ returns of promoters for the past three years.
4. Copies of the income tax assessment orders/returns of the applicant for the past three years.
5. Balance sheet and profit and loss account of the existing concern for the past three years.
6. Latest proforma Balance sheet and profit and loss account of the existing concern with all schedules.
7. Copy of partnership Deed/ Memorandum and Articles of Associations as applicable;
8. No dues certificate from the present Bankers;
9. Copy of the sanction letter and the details of outstanding amount from the Bankers if financial assistance is availed from the Bank for the proposed Nursing Home/hospital or for any other purpose.
10. Copy of land sale deed/ sale agreement.
11. Building plan of the existing and proposed NURSING HOME/hospital supported by Municipal Panchayat approval
12. Building estimates
13. List of the existing machinery and equipment in the following proforma:

---

Sl.No.	Name of the equipment	Name of the supplier	Value	Date of purchase if already purchased
--------	-----------------------	----------------------	-------	--

---

14. List of the existing furniture as per the proforma;
15. List of the existing machinery and equipment in the following proforma:

---

Sl.No.	Name of the equipment	Name of supplier	Qty.	Rate	Taxes & Duties	Total amount
--------	-----------------------	------------------	------	------	----------------	--------------

---

16. List of the proposed furniture as per the above proforma:
17. Quotations for the Ambulance if provided in the scheme:
18. Economics of working as per the proforma enclosed
19. Projected profitability and cash flow statement for 8 years based on the economics of working as at (18) above
20. Service bond by a post graduate if the promoters are PG as per the proforma attached herewith;

## **GENERAL GUIDELINES**

1. The proposed NURSING HOME/hospital shall have a minimum bed capacity of 20 nos
2. The proposed location shall support the bed capacity proposed
3. The proposed NURSING HOME/Hospital shall provide atleast 10% indoor facilities and 20% outdoor facilities at concessional rates for the low income group;
4. While working out the facilities proposed to be offered you may to include the required space for the following facilities.
  - a) Waiting Hall
  - b) General Wards
  - c) Special Rooms
  - d) Operation theatre
  - e) Delivery Room
  - e) Ante-room, Nursing Station etc.

It may be noted that the provision for the above shall be made as per the requirement of NURSING HOME shall be utilised for dwelling purposes and in case of violation the corporation shall have the right to recall the term loan;

5. The approval for building plan shall specifically be for a Nursing Home/Hospital . No part of the NURSING HOME/Hospital shall be utilised for dwelling purposes and in case of violation the corporation shall have the right to recall the term loan;
6. Doctors residence in the NURSING HOME/Hospital will not be financed;
7. If the promoters are not PG the Nursing Home/Hospital shall appoint a PG Doctor on full time basis. The Doctor so appointed shall reside at the proposed location and not do any private practice.
8. Please make sure that all the columns in the application are duly filled and all the enclosures are as per the attached with the application. Please note that incomplete applications will be summarily rejected.

## ECONOMICS OF WORKING

- I. The Nursing Home\ Hospital would work for 365 days.
- II. The operating capacity may be assured at 50%, 60%, 70% and 80% during first, second and third subsequent year of operation.

### (A) REVENUE DETAILS

#### (1) Consultation :@ 50% operating Capacity

	No of patients per day	Rate Rs.	Total Rs.
1. General Medicine			
2. Paediatrics			
3. General Surgery			
4. Orthopaedics			
5. Obstetrics & Gynaecology			
6. Consultation for lower income group			
	_____		_____
Total	_____		_____

**Revenue per annum:** from (1)

Share of the Nursing Home/Hospital: from (1)

#### (2) Surgery: @ 50% capacity

	No of cases per month	Rate Rs.	Total Rs.
1. General Surgery			
(a) Major			
(b) Minor			
2. Obstetrics			
3. Gynaecology			
4.			
5.			
	_____		_____
Total	_____		_____

**Revenue per annum :** from (2)

Share of the Nursing Home/ Hospital :from (2)

\*

The Nursing Home/ Hospital may be utilizing the services of outside consultants in some faculties and therefore the Nursing Home/ Hospital would be getting only a share in the revenue from those facilities. Please indicate the same in all other cases, the share of Nursing Home shall be assumed at 100%.

<b>(3) Diagnostics : @ 50% capacity</b>			
<b>FACILITY</b>	<b>No cases day/month</b>	<b>Rate Rs.</b>	<b>Total Rs.</b>
a) X-Ray			
b) Pathology			
c) Scanning			
d) E.C.G.			
e)			
f)			

**Revenue per annum: from (3)** \_\_\_\_\_

\_\_\_\_\_

<b>(4) Room Revenue @ 100% capacity</b>			
	<b>No of beds</b>	<b>Rate Rs.</b>	<b>Total Rs.</b>
1. General Ward			
2. Special Rooms A/C			
3. Special Rooms Non- A/C			
4. Semi Private			
5. General ward for lower income group			

**Revenue per year : from (4)** \_\_\_\_\_

\_\_\_\_\_

<b>(5) Revenue at different levels:</b>			<b>(Rs. in lacs)</b>
<b>Item</b>	<b>100% capacity</b>	<b>50% capacity</b>	
a) Room rent			
b) Diagonostics			
c) Surgery			
d) Consultations			
	_____	_____	
	_____	_____	

**(B) Expenditure @ 50% capacity:**

**(1) Salaries**

	No of Employees	Per month Rs.	Total Rs.
a) Medical Officers			
b) Nurses			
c) Compounders			
d) Sub staff			
e) Technicians			
f) Administrative staff			
g)			
<b>Per annum: Rs.</b>	<b>Total</b>	_____	_____
		_____	_____

**(2) Consumable @ 50% capacity:**

a) X- ray films			
b)Chemicals			
c) Medicines			
d)Operation theatre Consumables			
e) N20,02 etc.			
f)Disposables			
g)			
h)	_____	_____	_____
	_____	_____	_____

**(3) Power and Fuel:**

- i) Lighting and A/C load
- ii) X-ray
- iii)
- iv) Total Power
- a) Demand charges
- b)Energy charges
- c) Total cons. of people
- d) Fuel charges

**(4) Administrative expenses at 50% capacity :**

**Rs.**

a) Postage & Stationery

b) Telephone

c) Rates, Taxes & Insurance

d) Miscellaneous

e)

---

**Repairs and maintenance Rs  
(Rs. in lakhs)**

**Total Expenditure :**

1.Salaries

2.Consumables:

3. Power & Fuel

4. Administrative Expenses

5. Repairs and Maintenance

---

---