ੴ ਸ੍ਰੀ ਵਾਹਿਗੁਰੂ ਜੀ ਕੀ ਫ਼ਤਹਿ

पंजाब एण्ड सिंध बैंक
(भारत सरकार का उपक्रम)

Punjab & Sind Bank
(A Govt. of India Undertaking)

Where service is a way of life

एम.एस.एम.ई. ऋण के आवेदन के लिए
APPLICATION FOR MSME LOAN

(आवेदन फार्म - जांच सूची -CREDIT रिपोर्ट)
(APPLICATION FORM – CHECK LIST – CREDIT REPORTS)

आवेदक का नाम
APPLICANT NAME AMTZ MEDPOLIS HEALTH CARE LLP

सुपुत्र /सुपुत्री /पत्नी
S/O ,D/O,W/O –

टेलीफोन न:-
TELEPHONE NO. –

ऋण राशि
LOAN AMOUNT Rs. 10.00 CRORES

चुकौती:
REPAYMENT:

कार्यशील पूंजी
WORKING CAPITAL –
वित्त पोषित
FUNDED –
गैर वित्त पोषित
NON FUNDED –
सावधि ऋण
TERM LOAN Rs. 10.00 CRORES

For AMTZ MEDPOLIS HEALTHCARE LLP

Authorised Signatory

CHECK LIST OF DOCUMENTS TO BE SUBMITTED BY THE CUSTOMER

1	**Application**	Application
		Bio Data Form/KYC Norms
		DD for Processing fee/ Advocate fee/ Valuation fee
2	**Proprietor/ Partners/Directors**	Brief Profile
	Guarantors	Photos of proprietor/partners/Directors/Guarantors
		Passport/EC ID Crad/ Driving Licence
		Telephone Bill/ Ration Card
		PAN Card / DIN of Director/Aadhar card No.
		IT Return for 2 Years
		Assets & Liability Statement
3	**Unit**	Partnership Deed & Partnership Letter/Trade Licence
		Memorandum & Article of Association
		Certificate of Incorporation/ Commencement
		Board Resolution
		Search Report from Registrar of Companies
		MSME Registration
		Panchayat Licence
		PAN Card
		IT Return for 2 years
		ST Return for 2 years/VAT Returns/GST Returns
		Project Report
		Power Allocation
		Plan/Estimate/ Proforma Invoices
		Pollution Control Clearance
4	**Balance Sheet**	Actual- Past 3 Years Audited
		Estimated- Current Year
		Projected- Next Year
		Projected- [for Term Loan]
		CMA Data
5	**Associate units**	Brief profile
		Balance Sheet
		Opinion Report from Bankers
6	**Renewal/**	Stock Statement
	Enhancement (in case of enhancement usual papers as required in case of fresh advance)	Last Inspection Report
		Term Loan Review
		Copy of Last Sanction Note
		Confirmation of irregularity, if any
7	**Take Over**	Copy of Sanction Letter of previous banker
		Statement of account for the previous 1 year
		Credit Information Report/CIBIL for individuals/unit(Commercial)

For AMTZ MEDPOLIS HEALTHCARE LLP

Authorised Signatory

		No NPA/Litigation Declaration
8	**Property** *(Wherever applicable)	Original Title Deed
		Prior Deeds [Chain of Title Deeds]
		Land Tax Receipt/Property Tax receipt
		Possession Certificate/Possession letter/Allotment letter
		Valuation Report
		Location Sketch
		Legal opinion, Index Inspection, Non Encumbrance Certificate

* These are only indicative and not exhaustive.

For AMTZ MEDPOLIS HEALTHCARE LLP

Authorised Signatory

APPLICATION FORM FOR MICRO,SMALL & MEDIUM ENTERPRISES (MSMEs) LOANS

(To be submitted along with documents as per the checklist)

1.	Name of the Enterprise	AMTZ MEDPOLIS HEALTH CARE LLP
2.	Registered Office Address	City HYDERABAD State TELANGANA Pin code 500003.
3.	Address of Factory/ Shop	City State Pin code
4.	Whether belongs to SC/ST/OBC/Minority Community	Yes/ No If Yes, Community: -
5.	Telephone Nos. (Office)	
6.	Email address	finance@modiproperties.in
7.	Mobile No.	9640357999
8.	CIBIL summary score	-

9.	Constitution	Proprietary	Partnership firm	Pvt. Ltd	Ltd. Company	Co-op. Society	Others
							LLP

(Tick appropriate column)

10.	Udyog Aadhaar No./ Registration No.											ACA - 5989									
11.	Date of Establishment (dd/mm/yyyy)	1	2	0	4	2	0	2	3	PAN No	A	A	W	F	V	8	2	4	5	L
12.	State	TELANGANA								City	HYDERABAD										
13.	Branch where loan is required																				

14. Personal Details of Promoters/ Partners/Directors of Company

Name	D.O.B.	Father/ Spouse	Academic Qualification	Category SC/ ST/ OBC Minority/ Women	Mobile No.
1 Gourang Jayantilal Modi	24/11/67	Jayantilal	B.E.	-	
2 Tejal Modi	19/10/70	Jayantilal	Dr.	-	
3 Mohan Satish Modi	18/10/69	Satish Manikl Modi	Engineering.	-	
4					

S.No.	PAN No.	Residential Address	Aadhaar No./ DIN No.	Telephone No. (Residence)	Experience in the line of activity (Years)
1	AIZPM3748A	Begumpet, Secunderabad.	3594 5138 3669	-	-
2	ADDPM3623R	plot No. 280, Road No. 71.	3987 5220 4530	-	-
3	ABNPM6325H	Jubilee Hills, Hyd. 033.	3146 8722 4389	-	20 +
4					

15.	Line of Activity	Existing		Since	
		Proposed (#)			

If a different activity other than existing activity is proposed

For AMTZ MEDPOLIS HEALTHCARE LLP

Authorised Signatory

16(a)	Whether the MSME unit is ZED rated (Yes/No)	Yes
16(b)	If Yes, the gradation obtained by the MSME unit (Tick appropriate one)	

Bronze	Silver	Gold	Diamond	Platinum

17. Names of Associate Concerns and Nature of Association —

Name of the Associate concern	Addresses of the Associate Concern	Presently Banking with	Nature of Association	Extent of Interest as a Prop./ Partner Director/ or Just investor in Associate concern

18.	Relationship of Proprietor/Partners/Directors with the officials of the Bank/Directors of the Bank. (If Yes then specify)	~~Yes~~/ No ✓

18(a). Banking/ Credit Facilities (Existing): Nil — (Rs. in lakh)

Type of facilities	Limits	Outstanding as on	Presently banking with	Security lodged	ROI	Repayment terms
ODP						
Cash Credit						
Term Loan			N/A			
LC/BG						
Others						
Total						

If Banking with P&SB, Account no. be given here

It is certified that our unit has not availed any loan from any other Bank/Financial Institution in the past and I/we am/are not indebted to any other Bank/Financial Institution other than those mentioned in 18(a) above.

18(b). Banking/ Credit Facilities (proposed)

Type of Facilities	Amt. (Rs.in lakh)	Purpose for which required	Security offered	
			Primary security (details with approx. value to be mentioned)	Whether collateral security offered (If Yes, provide details in Column 20 b)
Cash Credit *	—	—	—	—
ODP	—	—	—	—
Term Loan	1000·000	Construction Finance	As per enclosure	—
LC/BG	—			
Bill/Cheque purchase	—	—	—	—
Others				
Total	1000·00	—	—	—

For AMTZ MEDPOLIS HEALTHCARE LLP

Authorised Signatory

*Basis of Cash Credit Limit applied

(Rs. in lakh)

Cash Credit	Projected						
	Sales	Working Cycle in Months	Inventory	Debtors	Creditors	Other Current Assets	Promoters Contribution

19. In case of term loan requirements, details of proposed machinery/equipments:-

(Rs. in lakh)

Type of Machine/ Equipments	Purpose for which required	Whether imported or indigenous	Name of supplier	Total cost of machine (in case if imported machine, the break-up of basic cost , freight, insurance and customs duty may be given)	Contribution being made by the promoters	Loan required	Repayment proposed

20. Details of Collateral Securities offered, if any, including third party guarantees

a) Collateral Security

S.No.	Name of owner of Collateral	Collateral Security		
		Nature	Details	Value (Rs.in lakh)
1.				
2.				
3.				

b) Third Party Guarantee:

S.No.	Name of Guarantor	Residential Address	Telephone No.	Mobile No.	Net Worth (Rs. in lakh)	PAN No.
1						
2						
3						

21. Past performance/future estimates (Actual performance for two previous years, estimates for current year and projections for next year to be provided for working capital facilities. However for term loan facilities, projections to be provided till the proposed year of repayment of loan on separate sheet)

(Rs. in lakh)

	2 Year before last Financial year	Year before last Financial year	Last Financial year	Present Financial Year (Estimates)	Next Financial Year (Projection)
Net Sales					
Net Profit					
Capital/Net worth					
Operating Profit					

For AMTZ MEDPOLIS HEALTHCARE LLP

Authorised Signatory

22. Status regarding statutory obligations

Statutory Obligations	Whether complied with (Write Yes/No). If not, applicable then write N.A.	Remarks (Any details in connection with the relevant obligation to be given)
Registration under shops and Establishment Act	✓	
Registration under MSME (Provisional/Final)		
Drug License (if applicable)		
Latest GST/VAT Tax Return Filed		
Latest Income Tax Return Filed /GST/Service Tax Returns Filed		
Any other statutory obligations like Pollution Certificate etc.		
Any other statutory dues remaining outstanding		

I /We certify that all information furnished by me/us is true; that I/We have no borrowing arrangements for the unit except as indicated in the application; that there is no over dues/statutory dues against me/us/ promoters except as indicated in the application; that no legal action has been/is being taken against me/us/ promoters ;that I/We shall furnish all other information that may be required by you in connection with my/our application that this may also be exchanged by you with any agency you may deemed fit and you, your representatives, representatives of the Reserve Bank of India; or any other agency as authorized by you, may,at any time,inspect/verify my/our assets, books of account etc in our factory/business premises as given above.

			SPACE FOR PHOTOGRAPGH
SIGNATURE	SIGNATURE	SIGNATURE	SIGNATURE

For AMTZ MEDPOLIS HEALTHCARE LLP

Authorised Signatory

Punjab & Sind Bank

(A Govt. of India undertaking)

PROFORMA FOR CREDIT REPORT

(Ref. P.S. Cir. Letter No. 61/99 dt. 27.10.99)

The Branch Incharge,
Punjab & Sind Bank

Date: 15.1.2025

Dear Sir,

I hereby append below the details of my assets and liabilities as required by you in connection with credit facilities being sanctioned/renewed/reviewed by your Bank in the name of Mr./Mrs GAURANG MODY

1. Details of Assets & Liabilities of : (Whether Guarantor / Individual / Sole Proprietor / all partners / all directors etc.) Sh. /Smt S/o /W/o D/o
2. Nature of main business : (also of side, identical, connected or associated firms giving the nature and place of business).
3. Constitution : LLP
4. Year in which established : 2023
5. Address : Business : Tel. No.

   Residence Tel. No.
6. Full name of the Proprietor, partner, : Karta and Co-partners, Directors, etc. and their relationship with each other if any (Brief report on the business means / assets of partners, directors to be given on the reverse) GAURANG MODY
7. Investment in business : Rs.
8. Other Assests : Rs. ← As per Enclosure —

Fixed Assets- Property

Name of Owner	Address of Property	Value	Document Submitted

Vehicle

Name of Owner	Vehicle No.	Value	Document Submitted

Deposits Account

Nature of account	Bank's Name	Account No.	Approximate Balance

For AMTZ MEDPOLIS HEALTHCARE LLP

Authorised Signatory

Others

Cash in Hand			
Shares/holding/capital			

TOTAL ASSETS

9. Liabilities:

Vehicle loan

Date of sanction	Loan Amount	Outstanding Balance	Copy of sanction attached

Housing loan

Date of sanction	Loan Amount	Outstanding Balance	Copy of sanction attached

Other loans / Liabilities

Date of sanction	Loan Amount	Outstanding Balance	Copy of sanction attached

TOTAL LIABILITIES

10. Worth = Assets - Liabilities :

11. Income for last three years (attach payment assessment orders). :

12. Names of other bankers/branches and credit facilities allowed by them. :

13. Trade references (at least 2 names required) : 1.

As per enclosure

2.

I certify that the above information is true and correct. I also confirm that no suit has been filed by any bank / financial institution against me or any of the firms or companies in which I am proprietor / partner / guarantor / director. And no rebate has been given by any bank or OTS has been done by me/my association with any bank/FI.

APPLICANT'S SIGNATURE

For AMTZ MEDPOLIS HEALTHCARE LLP

VERIFIED BY

LOAN OFFICER INCHARGE

BRANCH MANAGER

Authorised Signatory

Punjab & Sind Bank

(A Govt. of India undertaking)

I am furnishing my details for standing as guarantor in the loan Case of .....

1. Name (Two photographs) GAURANG MODY
2. Father's Name JAYANTILAL
3. Residential Address (Enclose address proof) Sapphire Apts 105, Begumpet, Hyderabad.
   Owned / ~~Rented/ parental~~
4. Office Address 5-4-187/3, 2nd floor.
   (Enclose address proof) MG Road, Hy SECUNDERABAD,
5. Telephone no. Resi.
   (Enclose copy of latest bill) Off.
   Mob:
   Email finance@modiproperties.in
6. PAN no/Adhar No. AIZPM3748A
   . (Enclose copy)
7. Annual Income
   (Enclose last 3 years' ITRs with form 16 or computation of income).
8. Existing Bank Name and a/c no.
9. Credit Report / Net worth : (As per Performa enclosed)
   Immoveable property: Address As per enclosure.
   Value
   Moveable property: Vehicle, Cash in hand/ Bank, Jewelery
   Value
   Less all liabilities
   Net worth
10. Details of Contingent Liabilities (Guarantees given and outstanding as on date, if any)
    Nature of Guarantee Amount.
11. Two references:

Name s/o Address
Ph. /Mob. No.
Name s/o
Address
Ph./Mob. No.

For AMTZ MEDPOLIS HEALTHCARE LLP

Guarantor's Signature

Authorised Signatory

Punjab & Sind Bank

(A Govt. of India undertaking)

PROFORMA FOR CREDIT REPORT

(Ref. P.S. Cir. Letter No. 61/99 dt. 27.10.99)

Date: 15.1.2025

The Branch Incharge,
Punjab & Sind Bank

Dear Sir,

Reg. : MY ASSETS AND LIABILITIES

I hereby append below the details of my assets and liabilities as required by you in connection with credit facilities being sanctioned/renewed/reviewed by your Bank to Mr./Mrs TEJAL MODI

1. Details of Assets & Liabilities of : (whether Guarantor / Individual / Sole Proprietor / all partners / all directors etc.) Sh. /Smt S/o /W/o D/o
2. Nature of main business : (also of side, identical, connected or associated firms giving the nature and place of business).
3. Constitution : LLP.
4. Year in which established : 2023.
5. Address : Business : Tel. No.

   Residence Tel. No.
6. Full name of the Proprietor, partner, : Karta and Co-partners, Directors, etc. and their relationship with each other if any (Brief report on the business means / assets of partners, directors to be given on the reverse)

   TEJAL MODI
   Partner.
7. Investment in business : Rs.
8. Other Assets : Rs.

As per enclosure.

Fixed Assets- Property

Name of Owner	Address of Property	Value

Vehicle

Name of Owner	Vehicle No.	Value

For AMTZ MEDPOLIS HEALTHCARE LLP

Authorised Signatory

Deposits Account

Nature of account	Bank's Name	Account No.

Others

Cash in Hand		
Shares/holdings/capital		

TOTAL ASSETS :

9. Liabilities:

Vehicle loan

Date of sanction	Loan Amount	Outstanding Balance

Housing loan

Date of sanction	Loan Amount	Outstanding Balance

Other loans / Liabilities

Date of sanction	Loan Amount	Outstanding Balance

TOTAL LIABILITIES :

10. Worth = Assets - Liabilities:

11. Income for last three years (attach payment assessment orders). :

12. Names of other bankers/branches and credit facilities allowed by them. :

13. Trade references (at least 2 names required) : 1.

2.

As per enclosure

I certify that the above information is true and correct. I also confirm that no suit has been filed by any bank / financial institution against me or any of the firms or companies in which I am proprietor / partner / guarantor / directors and no rebate has been given by bank or OTS has been done by me/my associates with any bank/FI

GUARANTOR'S SIGNATURE

VERIFIED BY

LOAN OFFICER INCHARGE/BRANCH MANAGER

For AMTZ MEDPOLIS HEALTHCARE LLP

Authorised Signatory

Punjab & Sind Bank

(A Govt. of India undertaking)

I am furnishing my details for standing as guarantor in the loan Case of .....

1. Name (Two photographs) PAYAL MODI
2. Father's Name JAYANTILAL
3. Residential Address Flat No. 280, Jubilee Hills, HYD.
   (Enclose address proof)
   Owned / Rented/ parental
4. Office Address
   (Enclose address proof)
5. Telephone no. Resi.
   (Enclose copy of latest bill) Off.
   Mob:
   Email finance@modiproperties.in
6. PAN no/Adhar No. ADDPM3623R
   . (Enclose copy)
7. Annual Income
   (Enclose last 3 years' ITRs with form 16 or computation of income).
8. Existing Bank Name and a/c no.
9. Credit Report / Net worth : (As per Performa enclosed)
   Immoveable property: Address
   Value
   Moveable property: Vehicle, Cash in hand/ Bank, Jewelery As per enclosure.
   Value
   Less all liabilities
   Net worth
10. Details of Contingent Liabilities (Guarantees given and outstanding as on date, if any)
    Nature of Guarantee Amount
11. Two references:

Name s/o Address

Ph. /Mob. No.

Name s/o

Address

Ph./Mob. No.

Guarantor's Signature

For AMTZ MEDPOLIS HEALTHCARE LLP

Authorised Signatory

Punjab & Sind Bank

(A Govt. of India undertaking)

PROFORMA FOR CREDIT REPORT

(Ref. P.S. Cir. Letter No. 61/99 dt. 27.10.99)

The Branch Incharge,
Punjab & Sind Bank

Date:

Dear Sir,

Reg. : MY ASSETS AND LIABILITIES

I hereby append below the details of my assets and liabilities as required by you in connection with credit facilities being sanctioned/renewed/reviewed by your Bank to Mr./Mrs_____

1. Details of Assets & Liabilities of : (whether Guarantor / Individual / Sole Proprietor / all partners / all directors etc.) Sh. /Smt S/o /W/o D/o
2. Nature of main business : (also of side, identical, connected or associated firms giving the nature and place of business).
3. Constitution : LLP
4. Year in which established : 2023
5. Address : Business : Tel. No.

   Residence Tel. No.
6. Full name of the Proprietor, partner, : Karta and Co-partners, Directors, etc. and their relationship with each other if any (Brief report on the business means / assets of partners, directors to be given on the reverse)

   SOHAM MODI
   PARTNER.
7. Investment in business : Rs.
8. Other Assets : Rs.

As per enclosure.

Fixed Assets- Property

Name of Owner	Address of Property	Value

Vehicle

Name of Owner	Vehicle No.	Value

For AMTZ MEDPOLIS HEALTHCARE LLP

Authorised Signatory

Deposits Account

Nature of account	Bank's Name	Account No.

Others

Cash in Hand		
Shares/holdings/capital		

TOTAL ASSETS :

9. Liabilities:

Vehicle loan

Date of sanction	Loan Amount	Outstanding Balance

Housing loan

Date of sanction	Loan Amount	Outstanding Balance

Other loans / Liabilities

Date of sanction	Loan Amount	Outstanding Balance

TOTAL LIABILITIES :

10. Worth = Assets - Liabilities:

As per enclosure.

11. Income for last three years (attach payment assessment orders). :

12. Names of other bankers/branches and credit facilities allowed by them. :

13. Trade references (at least 2 names required) : 1.

2.

I certify that the above information is true and correct. I also confirm that no suit has been filed by any bank / financial institution against me or any of the firms or companies in which I am proprietor / partner / guarantor / directors and no rebate has been given by bank or OTS has been done by me/my associates with any bank/FI

GUARANTOR'S SIGNATURE

VERIFIED BY

LOAN OFFICER INCHARGE/BRANCH MANAGER

For AMTZ MEDPOLIS HEALTHCARE LLP

Authorised Signatory

Punjab & Sind Bank

(A Govt. of India undertaking)

I am furnishing my details for standing as guarantor in the loan Case of .....

1. Name (Two photographs) Sotham Satish Mody
2. Father's Name Satish Mody
3. Residential Address Plot No. 2580, Jubilee Hills, (Enclose address proof)
   Owned / Rented/ parental ~~Hyderabad~~
4. Office Address MG Road, Secbad.
   (Enclose address proof)
5. Telephone no. Resi.
   (Enclose copy of latest bill) Off.
   Mob:
   Email finance@anadigroupentles.in
6. PAN no/Adhar No. . (Enclose copy)
7. Annual Income
   (Enclose last 3 years' ITRs with form 16 or computation of income).
8. Existing Bank Name and a/c no.
9. Credit Report / Net worth : (As per Performa enclosed)
   Immoveable property: Address
   Value
   As per enclosure.
   Moveable property: Vehicle, Cash in hand/ Bank, Jewelery
   Value
   Less all liabilities
   Net worth
10. Details of Contingent Liabilities (Guarantees given and outstanding as on date, if any)
    Nature of Guarantee Amount.
11. Two references:

Name s/o Address
Ph. /Mob. No.
Name s/o
Address
Ph./Mob. No.

For AMTZ MEDPOLIS HEALTHCARE LLP

Guarantor's Signature

Authorised Signatory