੧ਓ 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	AMIZ MEDPOLIS HEALTH CARE LYP
सुपुत्र /सुपुत्री /पत्नी S/O ,D/O,W/O	
टेलीफोन नः- TELEPHONE NO.	
ऋण राशि LOAN AMOUNT	Re. 10.00 CRORK)
चुकौतीः REPAYMENT:	
कार्यशील पूंजी WORKING CAPITAL	
वित्त पोषित FUNDED	4
गैर वित्त पोषित NON FUNDED	
सावधि ऋण TERM LOAN	RI. 10:00 CRORKS

FOR AMTZ MEDPOLIS HEALTHCARE LLP

Authorised Signatory

For AMTZ MEDPOLIS HEAD THE MEDITED

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
	Delayer are a second	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
1	Balance Sheet	Actual- Past 3 Years Audited
		Estimated- Current Year
		Projected- Next Year
		Projected- [for Term Loan]
		CMA Data
	Associate units	Brief profile
		Balance Sheet
		Opinion Report from Bankers
	Renewal/	Stock Statement
	Enhancement (in case of	Last Inspection Report
	enhancement usual papers as	
	required in case of fresh advance)	
		Term Loan Review
	PPOLIS HEALTHOASELLE	Copy of Last Sanction Note
		Confirmation of irregularity, if any
	Take Over	Copy of Sanction Letter of previous banker
	Authorised Scinatory	Statement of account for the previous 1 year
66		Credit Information Report/CIBIL for individuals/unit(Commercial)

FOR AMTZ MEDPOLIS HEALTHCARE LLP

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

^{*} These are only indicative and not exhaustive.

FOR AMTZ MEDPOLIS HEALTHCARE LLP

Authorised Signatory

CALL WITE MEDRIC IS HEALT ACCORDING

MENTAL TO THE PARTY

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

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

1.	Name of the E	Enterprise	AMTZ MA	s Der c	2	H 性,	4 त्या	1 CA	RD	L	LP			
2.	Registered Of	fice Address	City HYDERAL					Your a					4.0	
3.	Address of Fac	ctory/ Shop	City					Pii	1 cod	e)(1' 0	03	,
4.	Whether belon SC/ST/OBC/M Community	Yes/No	State				Pir	code	e					
5.	Telephone Nos	s. (Office)	If Yes, Community:											
6.	Email address		tinance @	ma di	Deen C	m 1 at								
7.	Mobile No.	Saccar 5120	964035799) Pool	NEV P	es	n						
8.	CIBIL summar	y score	70 40 33 7 74	9										77.11
9.	Constitution	Proprietary	Partnership firm	Pvt. Lt	4	I td. C						_		
((Tick appropriate	column)		1 11. 12.		Ltd. C	ompar	iy (Со-ор	. Soc	ciety		thers	
10.	Udyog Aadhaa	r No./ Registra	ation No.	1	-	- 5	989						-10	
11.	Date of Establishment (dd/mm/yyyy)	120	4 2 0 2 3			AZ	w	1	V	8	2	4	1	1
2.	State	MELA	NGANA							-		+	4	-
3.	Branch where lo	oan is required	1	City		1	140	北上	AB	タク				
	rsonal Details of		artners/Directors of C	Company										
lame	e	D.O.B.	Father/ Spouse			demic	on		gory ST/ C		M	obile	No.	

Name	D.O.B.	Father/ Spouse	Academic Qualification	Category SC/ ST/ OBC	Mobile No.
1 Grunany Janyanti	Calary Suin 67	Jayankilal	D.C.	Minority/ Women	
2 Tegal Out in in 3 Doham Sarish agod	017)10 (30	Jayantilal	Dr. Baginewing.		

	PAN No.	Residential Address	Aadhaar No./ DIN No.	Telephone No.	Experience in the line of
1	A12PM 3748A	Begumpel, telanduebad.	35945138 3669	(Residence)	activity (Years
3	ADDPM3623 R ABMPM6725H	plota. 280, Rad No. 21	398+ 5220 4530		
1		Jubilectills, Hyn. BAD.	3146872 4389	-	200 A

15. Line of Activity	Existing	
# If a 4:cc	Proposed (#)	Since
# 11 a different activity o	ther than existing activity is propos	edASTT MEDPOLIS HEALTHCARE LLP

If a different activity other than existing activity is proposed For AMTZ MEDPOL

16(a)	Whether the MSME unit is ZED rated (Yes/No)	965
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

	T 121
18. Relationship of Proprietor/Partners/Directors with the officials of the Bank/Directors of the Bank. (If Yes then specify)	Yes/ No

(Rs. in lakh) 411 18(a). Banking/ Credit Facilities (Existing): Repayment terms ROI Security Presently Outstanding Limits Type of lodged banking with as on facilities ODP Cash Credit N Term Loan

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.

Amt. (Rs.in	Purpose for which required		Security offered
lakh)	which required	Primary security (details with approx. value to be mentioned)	Whether collateral security offered (If Yes, provide details in Column 20 b)
-	-		
	Construction	AS por enclosure.	-
1000 000	Finance	1	
_			-
	-		
1		7	
	1000,000	1000.000 Construction	Primary security (details with approx. value to be mentioned) 1000 600 finance

FOR ANTZ MEDRULNESS THEARE, LLF Authorised Signatory *Basis of Cash Credit Limit applied

G 1		иррпси		Projected		(I	Rs. in lakh)
Cash Credit	Sales	Working Cycle in Months	Inventory	Debtors	Creditors	Other Current Assets	Promoters Contribution
						1100013	

19. In case of term loan requirements, details of proposed machinery/equipments:-(Rs. in lakh) Type of Purpose Whether Name of Total cost of Contribution Machine/ Loan Repayment for which imported supplier machine (in being made required Equipments proposed required or case if by the indigenous imported promoters machine, the break-up of basic cost, freight, insurance and customs duty may be given)

- 20. Details of Collateral Securities offered, if any, including third party guarantees
- a) Collateral Security

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

b) Third Party Guarantee:

Authorised Signatory

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

Net Sales	E' car octore last	Year before last Financial year	Last Financial year	Present Financial Year (Estimates)	Next Financial Year (Projection)
Net Profit Capital/Net worth Operating Profit		NA			

2. Status regarding 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**

FOR AMTZ MEDPOLIS HEALTHCARE LLP

SIGNATURE

SIGNA Authorised Signatory SIGNATURE

SIGNATURE



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

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

lame of Owner	Vehicle No.	Value	
		value	Document Submitted
			and the Bublintied
Deposits Account			

ature of account	Bank's Name	Account No	
		Account No.	Approximate Balance
			- Duranec

FOR AMTZ MEDPOLIS HEALTHCARE LL

Others

Cash in Hand		
Shares/holding/capital		
CONTRACTOR OF THE STATE OF THE		7
		Marine Control of the
		The state of the s

TOTAL ASSETS

9. Liabilities:

Vehicle loan

Date of sanction	Loan Amount	Outstanding Balance	Copy of sanction attached
Date of surretien			

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
		A STATE OF THE STA	

TOTAL LIABILITIES

- 10. Worth = Assets Liabilities :
- 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):

As pu endoson

2.

1.

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

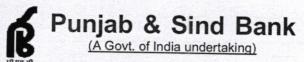
BRANCH MANAGER

Authorised Signatory

VERIFIED BY

LOAN OFFICER INCHARGE

FOR AMTZ MEDPOLIS HEALTHCARE AND



1. Name (Two photographs) 2. Father's Name 3. Residential Address (Enclose address proof) Owned / Rented/parental 4. Office Address (Enclose address proof) 5. Telephone no. (Enclose copy of latest bill) 6. PAN no/Adhar No. (Enclose ast 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: Vehicle, Cash in hand/ Bank, Jewelery 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 Ph./Mob. No. Ph./Mob. No. Name Address Ph./Mob. No. Name Address Ph./Mob. No. Name Address Ph./Mob. No.	1 6	in furnishing my details	for standing as guarantor in the loan Case of
3. Residential Address (Enclose address proof) Owned / Rented/perental 4. Office Address (Enclose address proof) 5. Telephone no. (Enclose copy of latest bill) Off. Mob: Email f:nance weet group with the first particles in the	1.		GAURANG MOBY
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Owned / Rented/perental 4. Office Address (Enclose address proof) 5. Telephone no. (Enclose copy of latest bill) Off. Mob: Email Finance medipreguidus 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 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 Ph. //Mob. No. Name So Ph. //Mob. No. Name So Address Address	3.	Residential Address	Papphine Add 10 T.
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(Enclose copy of latest bill) Off. Mob:		(Enclose address proof)	MG Mad, Hy JE CONDILLINAD,
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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 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			
8. Existing Bank Name and a/c no			
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Less all liabilities Net worth 10. Details of Contingent Liabilities (Guarantees given and outstanding as on date, if any) Nature of Guarantee			
Net worth 10. Details of Contingent Liabilities (Guarantees given and outstanding as on date, if any) Nature of Guarantee		Moveable property: Vehicle Value	e, Cash in hand/ Bank, Jewelery
10. Details of Contingent Liabilities (Guarantees given and outstanding as on date, if any) Nature of Guarantee		Less all liabilities	
10. Details of Contingent Liabilities (Guarantees given and outstanding as on date, if any) Nature of GuaranteeAmount		Net worth	
Amount.	10.		
Names/oAddress Ph. /Mob. No Address		Nature of Guarantee	dual affices given and outstanding as on date, if any)
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Address	_ Nar	meanalogailia Adh	SLIGGGAM XIMA 101
Ph./Mob. No	Addre	SS	
	Ph./Mo	ob. No	

FOR AMITZ MEDPOLIS HEALTHCARE LLE

Guarantor's Signature



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

Dear Sir,

Date: 15-1-2021

Reg.: MY	ASSETS	AND L	IABIL	TIES
----------	---------------	-------	-------	------

1. Details of Assets & Liabilities of : (whether Guarantor / Individual / Sole Proprietor / all partners / all

directors etc.)

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:

4. Year in which established: 20 2-3

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)

Partner.

7. Investment in business:

Other Assets:

Rs.

G as per enclosure.

Fixed Assets- Property Name of Owner	Address of Property	Value
tunio ox o	The second secon	

Vehicle	Vehicle No.	Value
Name of Owner	Vehicle No.	
	and the second s	

FOR AMTZ MEDPOLIS HEALTH

Deposits Account

Nature of account	Bank's Name	Account No.
		The second secon

Others

Cash in Hand	1	I
Shares/holdings/capital		The second secon
	7.50 T	

TOTAL ASSETS:

9. Liabilities:

Vehicle loan

Date of sanction	Loan Amount	Outstanding Balance
STORY AND MADE		

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):

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

VERIFIED BY

LOAN OFFICER INCHARGE/BRANCH MANAGER

GUARANTOR'S SIGNATURE

FOR AMTZ MEDPOLIS HEALTHCARE

A gar indose.



1.	Name TEYAL MODI
	(Two photographs)
2.	Father's Name TA YAWTILA L
3.	
	(Enclose address proof) Owned / Rented/ parental Jubilla (H/II), Hyp.
	Owned / Rented/ parental
4.	Office Address
	(Enclose address proof)
5.	Telephone no. Resi
٠.	(Enclose copy of latest bill) Off.
	Finance @ modiproporties. in
•	PAN no/Adhar No. Mob: Email Finance @ modiproporties.in * DD pm 3623 @
	PAN no/Adhar No. (Enclose copy)
	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 Value
	Less all liabilities
	Net worth
	D. C.
10.	Details of Contingent Liabilities (Guarantees given and outstanding as on date, if any) Amount.
	Nature of Guarantoo
11.	Two references:
	Address
	Name S/o Address
	Ph. /Mob. No
	Names/o
	dress
	/Mob. No

Guarantor's Signature

FOR AMTZ MEDPOLIS HEALTHCARE MLP



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 ASSET	S AND LIABILIT	IES	
I h	ereby append below cilities being sanctione	the details of med/renewed/review	y assets and	d liabilities as requested Bank to Mr./Mrs_	uired by you in cor	nnection with credit
1.	Details of Assets & (whether Guarantor Sole Proprietor / all directors etc.)	/ Individual /	Sh. /Smt		S/o /W/o D/o	
2.	Nature of main busin (also of side, identic or associated firms of and place of business	al, connected giving the nature				
3.	Constitution:	up				
4.	Year in which estable	ished: 202	>			
5.	Address : Business	:		Tel. No.		
	Residence	е "		Tel. No.		
6.	Full name of the Pro Karta and Co-partne and their relationship if any (Brief report or means / assets of pa to be given on the rev	rs, Directors, etc with each other the business artners, directors		SOHAM A	10D/	
7.	Investment in busine	ess: Rs.)			
8.	Other Assets:	Rs.	7	As gw	chelosure	
Fixed	Assets- Property		27.27			
Name	e of Owner	Address of Prop	perty /	Value		
Vel	nicle					
	of Owner	Vehicle No.		Value		
105	\$0. M.0.** 1					
	Our boa out 149	T MEDODING HI	1116 - 3	-	ANT7 MEDPOLIS	HEALTHCARE LLP

Deposits Account

Nature of account	Bank's Name	Account No.
	Residence in the second state of the	
Control of the contro	Control of the Property	Control of the Contro
	ST CONTRACTOR STATE	
Others		
Others Cash in Hand		
Cash in Hand		

TOTAL ASSETS:

9. Liabilities:

Vehicle loan

Date of sanction	Loan Amount	Outstanding Balance
		A COURT AND HAVE THE THE THE PARTY OF THE PA

Housing loan

Date of sanction	Loan Amount	Outstanding Balance

Other loans / Liabilities

Date of sanction	Loan Amount	Outstanding Balance	
average and the second			

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):

As par endosure.

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 LUP



1:	am furnishing my de	etails for standing as guar	antor in the loan Case of .	de par es les abels met es se f
	. Name (Two photographs)		JATICH MODI	
2.	Father's Name	LIPA 2	H MMM	
3.	Residential Address (Enclose address p Owned / Rented/ pa	roof) Jubilee	80	
4.	Office Address		al, subas.	
	(Enclose address p	proof)		
5.				
	(Enclose copy of la			
		Email Inane	a and i propur	tles, in
6.	PAN no/Adhar No. . (Enclose copy)			
	Annual Income		Λ	
	(Enclose last 3 year	s' ITRs with form 16 or comp	outation of income)	
8.	Existing Bank Name	and a/c no.	aramon or moonie).	
9.	Credit Report / Net v	vorth : (As per Performa enclo	osed)	
	Immoveable property	Address	2004)	As Des
		Value		Car Prayer
	Moveable property: \Value	/ehicle, Cash in hand/ Bank,	lewelery	CHO(4)V*E ₁
	Less all liabilities			
	Net worth			
10.		t Liabilities (Guarantees giver	n and outstanding as on date, Amount.	if any)
11. T	Two references:			
N	lame	s/o	Address	
No		Ph. /Mob. No		
,iva Addre	me			
Ph./M	lob. No			
			MEDDOLIO HELITICO PER LI	
		For AMTZ	MEDPOLIS HEALTHCARE LL	
			LI WING	Buarantor's Signature
			/ / Alandaria	ev —
			Authorised Signator	y