

APPENDIX-7F
FORMAT FOR MONTHLY STATEMENT OF DISBURSEMENT OF TED / DBK / INTEREST
(Please see Para 7.10 (c) of HBP)

Name of the RA _____
Report for the month _____

1	2	3	4	5		6		7
S.No.	Name of the applicant	Category of Claim	Date of approval letter	Date of Payment		Amount of Payment		Reason(s) for payment of interest
				Principal	Interest	Principal	Interest	
				TED				
DBK								

Name of officer:
Designation:
Tel No:
E-mail:

Date: