SWARNA JAYANTI SHAHARI ROZGAR YOJANA

State /UT_____ **Month**_____ **Year**_____

(Rs. in lacs)

Sl No.	Name of City	Details of actual disbursement during the month												No. of applications pending for sanction at the end of month				Remarks, if any
		No of beneficiaries				Credit				Subsidy				Total	SC	ST	Minority	
		Total	SC	ST	Minority	Total	SC	ST	Minority	Total	SC	ST	Minority					