APPENDIX

APPLICATION FOR PERSONAL LOAN

1 Name of the applicant : 2 Designation : 3 Date of birth : Date of joining services of the Board 4 : 5 Date of Superannuation retirement : 6 Full residential address : 7 Permanent Address : 8 Office in which working : 9 Present Basic pay : 10 Amount of loan required : 11 Purpose of loan : 12 Details of previous Personal Loan taken (a) Loan amount : (b) Number and date of sanction order : (c) Fully repaid on : I certify that the above facts are correct. I also certify that I have understood the conditions of Kerala Head load Workers Welfare Board (Employees personal Loan) Plan, 2002 and I agree to abide by the conditions.

Place:

Date:

Signature of Applicant

** I have completely repaid the previous personal loan sanctioned to me.

Place:

Date:

Signature of Applicant

I certify that the information furnished by the applicant has been verified and found correct. I recommend that the personal loan applied for as above may be sanctioned to the applicant.

Place:

Date:

Signature of the Chairman

**1. I have verified the loan register and hereby certify that the previous Personal Loan taken by the official on......has been fully repaid.

**2. It is certified that the applicant has not availed of this loan facility previously.

Accounts Officer (W & E)

Countersigned

Finance Officer

******Strike out whichever is not applicable.

KERALA HEADLOAD WORKERS WELFARE BOARD, ERNAKULAM

SALARY CERTIFICATE CUM AGREEMENT FOR RECOVERY FROM SALARY

Certified that Sri./Smt	S/o,
D/o,W/onow r	esiding atwho has signed
overleaf is permanent/officiating (Designation) .	the (name of
officer)	

Details of Service

1	Date of Birth & Age	:	
2	Date of entry in service	:	
3	Date from which continuous service begins	:	
4	Date of retirement	:	

Details of Salary

(1)	Scale of pay	Rs						
(2)	<u>Earnings</u>			(3) Deduction/Recoveries				
1	Basic Pay	Rs	1	Provident Fund	Rs			
2	Dearness Allowance	Rs	2	LIC Premium	Rs			
3	H.R.A	Rs	3	Income Tax	Rs			
4	C.C.A	Rs	4	Housing Loan	Rs			
5	Others (Specify)		5	Motor conveyance	Rs			
			6	Festival advance	Rs			
			7	Others Specify	Rs			
(i)		Rs	(i)		Rs			
(ii)		Rs	(ii)		Rs			
(iii)		Rs	(iii)		Rs			
	Total(2)	Rs		Total(3)	Rs			
(4) Net Salary (Total (2) – Total (3))=Rs								

Certified that the details furnished above are found correct as per office records.

AGREEMENT FOR DEDUCTION FROM SALARY

I.....(Name , Designation, Office, and Department) hereby agree to deduct the loan amount sanctioned to me with interest as per the Kerala Headload Workers Welfare Board Employees personal loan Plan 2002 from my salary allowances.

Signature of the Employees with date

I agree to effect the above recoveries and pass on the same to the Kerala Headload Workers Welfare Board, Ernakulam by Demand Draft.

Signature, Name and Designation of the Head of Office

Place:

Date:

(office seal)