

**APPLICATION FOR: SHORT TERM LOAN / TREATMENT LOAN /
SOLAR INSTALLATION LOAN / EDUCATION LOAN / FESTIVAL LOAN**

To be filled in by the applicant :

Application For.....Loan

From

.....(M.No.....)

To

The President/Secretary,
Ernakulam District Co-operative Employees' -
Housing Co-operative Society Ltd.No.E-933, KOCHI - 18.

Sir,

I request you to please sanction me a *(to be filled in by the applicant)* LOAN of Rs..... (Rupees.....only) for the purpose of Emergency/ Medical/ Solar/ Education/ Festival. I agree to repay the loan amount along with interest at the rate as fixed by the Society from time to time in.....monthly instalments. My net salary for the last month was Rs..... and date of retirement is.....

I agree to effect the recovery of the said loan and interest in my next month salary onwards and I am hereby authorising my pay disbursing officer to recover the amount as and when demanded by the Society and to pay the same to you. This authorisation is irrevocable and I will not raise any dispute regarding the amount so demanded by the Society.

Thanking you,

Yours faithfully,

Place.....

Signature.....

Date.....

Name.....

EMPLOYMENT CERTIFICATE

- | | |
|----------------------------------|--|
| 1. Name of Employee : | 2. Designation : |
| 3. Official Address : | 4. Age and Date of Birth : |
| 5. Date of entry in to Service : | 6. Date of Retirement : |
| 7. Whether Confirmed or not : | 8. Whether any Disciplinary proceedings pending disposal : |
| 9. Details of court attachment : | 10. Details of salary as on : |

SALARY

RECOVERY

| | |
|------------------------|---------------------------|
| Basic Pay : | Provident Fund : |
| Dearness Allowance : | Welfare fund : |
| House Rent Allowance : | Society O/D linked R.D. : |
| Others (Specify) : | D.C.B. O/D linked R.D. : |
| : | P.F. Loan : |
| : | Housing Loan : |
| : | L.I.C. Premium : |
| : | Festival Advance : |
| : | Others (Specify)..... : |
| : | : |
| Total : _____ | Total : _____ |

Place :

Date :

(Office Seal)

Signature and Name of Secretary/President of the Society /Bank with Seal

Certificate and Agreement for Recovery

Certified that the net salary and date of retirement shown overleaf is correct and the signature of the employee is attested. I recommend you to sanction the loan and I agree that the recovery of the said loan will be effected from his/her next month salary onwards as per your demand list and remit to you without fail.

Signature of President/Secretary.....

Name.....

Place.....

Official Address.....

Date.....

.....

(Office seal)

TO BE FILLED BY THE OFFICE

| Particulars | Applicant | Surety | Remarks |
|---|-----------|--------|---------|
| Date of admission | | | |
| No. of shares held | | | |
| Amount of shares held | | | |
| Further amount of shares required (Nos.....) | | | |
| TOTAL | | | |

LIABILITIES :

Loan No.....

Loan No.....

Others

Clerk

Secretary

Amount Sanctioned Rs.

Board Resolution No & Date

PRESIDENT

SECRETARY

കേരള സഹകരണ റിസ്ക് ഫണ്ട് പദ്ധതി 2008

(സംഘം തയ്യാറാക്കി സൂക്ഷിക്കേണ്ട രജിസ്റ്റർ)

1. വായ്ക്കാരന്റെ പേര്,
ഓഫീസ് മേൽവിലാസം, അംഗനമ്പർ :

2. വയസ്സ് :

3. വായ്ക്കാ നമ്പർ :

4. വായ്ക്കയുടെ ഇനം :

5. വായ്ക്കാതുകയും കാലാവധിയും :

6. വായ്ക്ക അനുവദിച്ച തീയതി :

7. തിരിച്ചടവ് കാലാവധി അവസാനിക്കുന്ന
തീയതി :

8. പലിശനിരക്ക് :

9. ഭരണസമിതി തീരുമാനം നമ്പറും തീയതിയും :

10. (എ) റിസ്ക് ഫണ്ട് വിഹിതം സ്വീകരിച്ചതിന്റെ
വിവരം :

(ബി) ബാങ്കിൽ അടച്ച വിവരം :

11. ഇതര വിവരങ്ങൾ :

12. ഒപ്പ് :

