FORM- XL.

[See rule 276]

Application No	Fee Rs. 2/
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APPLICATION FOR INSTRUMENT LOAN

- 1. Name of the Applicant:
- 2. Fathers/ Husband name:
- 3. Residential Address:
- 4. Register No.
- 5. Name of Bank in which contribution remitted:
- 6. Age and Date of Birth:
- 7. Monthly Income:
- 8. Details of other properties if any, owned or possessed by the applicant:
- 9. Details of sureties:

Name and Address

Occupation & Address

Age & Date of Birth

Present net monthly income

Details of other properties owned/possessed by the surety

Whether the surety has offered

Himself as surety for any other

Transaction earlier, if so, the details

- 10. Whether salary certificate From the employer is attached.
- 11. PARTICULARS OF INSTRUMENTS

TO BE PURCHASED

- (A) Description
- (B) Make
- (C) Model

(D) Invoice price (copy enclosed) Name & Address of supplier/ dealer (E) 12. Amount of loan applied for (a) No. of monthly installments (a) Proposed for re- payment. **DECLARATION** A. I/ We confirm that the funds will be used for the stated purpose only and will not be used for speculation and/ or anti-social purpose. B. I/ We understand that the Board has the right to recall the funds if they are not used for the stated purposes. C. I/ We understand that the sanction of the facility is at the direction of the Board and I/ We will execute necessary Security Documents as per the Boards requirements to its satisfaction. Place: (Signatures of Applicant) Date: Surety- I. Name & Signature. (For Office Use only) The application submitted by Shri.....employed as certificate of employment and surety in respect of the borrower/ surety has been attached alongwith the undertaking by the employer.

	An amount of Rs	(Rupees.)
may	be sanctioned for the pu	_		
	ice amount to be recove	_	-	_
in	equalization and an area and at the time of the Board at the time of the same of the time	al monthly installm	nents. The last installr	nents will be amount
	Sanctioned/ Rejected		Chi	ef Executive Officer.
				Secretary.
	GOVERN	ORKERS WELF	FARE BOARD, IACHAL PRADES	
	Certified that	Shri/ Smt		S/o D/o.
W/o		of	House	Town
	Village	Tehsil	Dist	rict
now	residing at			House
		Town/	VillageTo	ehsilDistrict
	permanent/ officiating/ ac	ting/ provisional	(designat	ion)
		LS OF HIS/ HER	SERVICE ARE AS U	INDER

3. Date of retirement	
DETAILS OF HIS	HER PAY, ETC. ARE AS UNDER
Scale of pay Rs.	Recoveries Rs.
1. Basic pay	(a) Provident fund
2. Dearness Allowance	(b) LIC recoveries
3. HRA	(c) Income Tax
4. Compensatory Allowance	(d) Loan recoveries
	1
	2
	3
5. Other Allowances	(e) Other recoveries
	1
	2
TOTAL (A)	TOTAL (B)
NET	SALARY: - (A) - (B) = Rs
PlaceSignature	
DateName	
(Office seal)	Designation of the Head of office/ Department.
UNDERTAKING	FOR RECOVERY FROM PAY
I	(Name in full)(Office/
department) owe to Himachal Pradesh l	Building and Other Construction Workers Welfare
Board, the sum of Rs(Rupee	s)
and interest as per P.N.I. Bond dated	which I/ he (borrower) have/ has

undertaken to repay in equated monthly installments in connection with the said transactions monthly recoveries of such amounts as may be fixed by the Board from time to time of which information will be given the Board may be made from my salary at source and remitted or paid to the Board or its duly authorized representative.

(Signature of Employee)

		O		,
Date:				
	I agree to effect the above recoveries.			
Place:				
Date:	(Signature of the Hea	d of Office/ Dep	artmei	nt.)

Place: