

Health Staff Welfare Fund : Personal Loan Application Form 2007

Application date: ____/____/____

Name:	Employee ID No:
Current Working Address:	PCS Level & Grade:
.....	
Membership since: ____/____/____	Expected year of retirement from the service:

Name of surety ¹ :	
Surety's Employee ID No:	PCS Level & Grade:
I, as a surety, undertake to repay the loan in case of loan default.	
Signature of surety:	

Amount Applied for: Nu. (In words:))
Monthly Installment: (Write number of months, maximum 60 months)

Recommended by DMO or DHSO (in case of District) ² :
Recommended by Division Heads (for central program) ² :
Name of Account Officer ³ :
Last month's net take home pay: (This to be filled by Accounts Officer)

Signed with legal stamp:			
Name:	Name:	Name:	Name:
Applicant	Surety	Head	Accounts

Note:

1. Surety has to be one of the members of the Health Welfare Fund and has to be either equal in level or one level higher. As a surety you will be held liable to pay the balance loan amount in case of default by the applicant.
2. Has to assure that monthly installments are deposited to the fund manager and also to certify that applicant has been contributing his/her membership fees without interruption for the last 3 consecutive years.
3. Has to confirm applicant's net take home pay (after all deductions from applicant's gross salary). Please attach the last month's pay slip which has to be counter signed by Account Officer.

----- (This section for official use) -----

Amount Approved : Nu. **Loan Sanctioned No:**

Monthly Installment: Nu.

Approved (sign and date):