

## INSURANCE EMPLOYEES' CREDIT CO-OP SOCIETY LTD. APPLICATION FOR EMERGENCY ADVANCE

(INCOMPLETE APPLICATION WILL BE SUMMARILY REJECTED)

To, The Secretary,

## INSURANCE EMPLOYEES' CREDIT CO- OPERATIVE SOCIETY LTD. L.I.C. BUILDINGS, CUTTACK – 753001

|   |                            | ) from                            | the society to b                   | (Rupeese expended on the rea                 | sons stated her                 | reunder, I here   |                             |
|---|----------------------------|-----------------------------------|------------------------------------|--|---------------------------------|-------------------|-----------------------------|
| 10 equal monthly in advance. I furnish th | nstallments<br>e following | from my salary<br>particulars whi | y. The interest ch are true to the | calculated @                                 | % will be ded<br>ge and I solem | ucted from the    | e sanctioned at there is no |
|   |                            |                                   |                                    |  |                                 | Yours faithful    | ly,                         |
| Place: Membership No Date: PARTICULARS (  |                            |                                   |                                    | SIGNATURE IN FULL OF APPLICANT               |                                 |                   |                             |
| 1. a) Full name (in bl                    | lock Letters)              | )                                 |                                    | i) Present Age                               |                                 |                   |                             |
|   |                            |                                   |                                    | j) Present Basic Pay                         |                                 |                   |                             |
| b) Designation                            |                            |                                   |                                    | k) Advance if any                            |                                 |                   |                             |
| c) Department                             |                            |                                   |                                    | 2. Purpose                                   |                                 |                   |                             |
| d) Name of the office                     |                            |                                   |                                    | 3. Own contribution of P.F.                  |                                 |                   |                             |
| Address                                   |                            |                                   |                                    | 4. Collateral Security if any                |                                 |                   |                             |
| e) UnderDivisional Office                 |                            |                                   |                                    | <b>5</b> . Is he now indebted to the society |                                 |                   |                             |
| f) Salary Roll No.                        |                            |                                   |                                    |  |                                 |                   |                             |
| g) Year of Appoin h) Date of Joining      |                            |                                   |                                    | 6. Indebted to any oth Benefit Society       |                                 |                   | •                           |
| I agree to st                             |                            |                                   |                                    |  |                                 | a                 | s applied by                |
| Full signature of the Security            | Office<br>Address          | Designation                       | Membership<br>No                   | No of Shares held in the Society             | Present<br>Basic Pay            | Length of Service | O/S Loan                    |
| 1.  |                            |                                   |                                    |  |                                 |                   |                             |
| SALARY PARTICULARS Gross Salary           |                            |                                   |                                    | ELIGIBILITY – Yes / No<br>Initial            |                                 |                   |                             |
| for                                       |                            |                                   |                                    | Em. Advance Sanctioned                       |                                 |                   |                             |
| Deductions                                |                            |                                   |                                    | Less   |                                 |                   |                             |
| Net Salary                                |                            |                                   | O/S E.Adv                          |  |                                 |                   |                             |
|   |                            |                                   |                                    | Interest                                     |                                 |                   |                             |
|   | Office-in-Charge           |                                   |                                    | Net Payable                                  |                                 |                   |                             |
| Passed for payment                        |                            | Pai                               | d Vide Cheque                      | No   |                                 |                   |                             |
|   |                            |                                   |                                    | for  |                                 |                   |                             |

President Secretary Initial