

FORM - B

Form of application for Temporary Advance against deposits in the Institute of Human Resources Development employees Contributory Provident Fund.

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- 1 Name and Account No. of the Subscriber :
- 2 Monthly pay, Dearness pay and Designation :
- 3 Date of birth :
- 4 Amount of advance required :
(both of figures and words)
- 5 Purpose for which it is required :
- 6 Date of complete repayment of the previous loan :
- 7 Details of advance pending recovery:
(1) the amounts of previous advances :
(2) dates of drawal of each advance :
(3) balance outstanding against each advance :
- 8 Amount of consolidated advance (Item Nos.4 and 7(3) and the number and amount monthly instalments in which the consolidated advance is proposed to be repaid. :
- 9 Name of treasury at which payment is desired. :

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DECLARATIONS

I hereby declare that the above statements are true and that I agree to abide by the Institute of Human Resource Development Employees Contributory Provident Fund Statutes in force. I also promise to repay the above advance in equal monthly instalments.

Place:

Date:

Signature of the subscriber with
Name and Designation

11 Enquiry Certificate

Place:

Date:

Signature of Head of Institution

VERIFICATION REPORT

- 12 Total amount at the credit of the application
- 13 Amount of advance admissible
- 14 No. of instalments of repayments
- 15 Any other fact requiring consideration