

SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY, TVM-11**Staff Benevolent Fund Loan Application Form**

(To be submitted to my of the SBF committee member after obtaining signature from the accounts section)

1. Name :
2. Employee Code Number/Designation :
3. Department/Section & Place of Work :
4. (a) Whether a confirmed permanent employee :
- (b) Whether paying monthly contribution to the SBF :
5. (a) Whether availed loan from SBF earlier :
(If yes, please fill up 5(b),
- (b) Whether paid back the loan fully :
6. Amount requested :
7. No of installments required :
8. Purpose for which loan is applied : (a) Treatment (b) Marriage (c) Death (d) Confinement (e) For other purposes
(Please tick the appropriate one)
9. Details of item No.8 (to be filled only if applicable)

A. Treatment of self/dependent

Sl. No.	Name of the patient	Relationship with applicant	Period of treatment	Doctor/hospital	IP or OP

Signature

B. Marriage of self /children/brother/sister

1. Name of applicant /dependent
who is getting married :
2. Relationship with applicant :
3. Date of marriage :
(Please attach invitation letter)

C. Special Marriage of Female Staff & Female children

1. Name of Female Staff :
2. Name female children :
(Please attach invitation letter)

D. Death

1. Name of dependent who died :
2. Relationship with applicant :
3. Date of death :

E. Delivery of employee/Employee's wife

1. Whether for the delivery of applicant :
2. Date of delivery :

F. For any other purposes

(Please give details) :

I declare that the details furnished in the form are correct

Place:

Date:

Signature of applicant

Note: The maximum number of installments special marriage loan is 60. Death loan is 30 and for all other loan the maximum number of installment is 20.

(This page not to be filled by the applicant)
Certificate from Accounts Section (Certificate 2 only if required)

- (1) The information furnished by the applicant in para. 4 (b) 5 (a) & (b) of the form are correct / not correct.

Date: _____ FA/CAO/Accounts officer

- (2) The information furnished regarding partial medical OP/IP Ticket.

Date: _____ FA/CAO/Accounts officer

The SBF committee met today has recommended a loan of Rs.....for the applicant.
 The loan is payable in Equal monthly installments.

Date: _____ Convener, SBF Committee

Considering the emergency nature, I recommend a loan of Rs..... For the applicant
 which is repayable in..... equal monthly installments.
 (Forwarded through FA & CAO).

Date: _____ Convener, SBF Committee

The amount recommended above is sanctioned from SBF which is to be received from applicant's salary as specified above.

Date: _____ Director

An amount of Rs..... Disbursed on

Cheque No Date

FA&PAO