

NATIONAL SAMPLE SURVEY OFFICE EMPLOYEES CO-OPERATIVE CREDIT SOCIETY LIMITED.  
 (Registered under the Multi State Co-Operative Societies Act 2002)  
 (Regd. No. CR-8 of 2<sup>nd</sup> August 1975.)  
 Mahalanobis Bhavan, 164, Gopal Lal Thakur Road, Kolkata – 700108.

APPLICATION FORM FOR LONG TERM LOAN

Bond No.....  
 Director's Recommendation

Outstanding	Date	Amount	Remarks
Rejected			
Deffered			
Sanctioned			
Payment Made			

Convener, Loan Sub-Committee  
 Chairman/Vice-Chairman  
Secretary/Asstt. Secretary

CORE BANKING ACCOUNT NO : (IF ANY)

UNION BANK OF INDIA  STATE BANK OF INDIA   
*Put tick mark in appropriate box*

The Secretary,  
 NSSO Employees' Co-Operative Credit Society Ltd.,  
 164, Gopal Lal Thakur Road, Kolkata-700108

**Dear Sir,**

I beg to apply for a Long term loan of Rs.....(Rs.....only) subject to Bye-laws of the Society to be repaid in.....monthly instalments @ Rs.....per month with accrued interest. The purpose of taking long term loan is.....

Date.....

Yours faithfully,

**Particulars**

P.L Folio No	.....	Signature in full	.....
Date	.....	Full name (in block letters)	.....
		Name of father/husband	.....
Last Loan Taken on		Membership Reg. No.	.....
		Emp Code	.....
		Mobile No	.....
LT	.....	Date of membership	.....
SL	.....	Address	.....
HBA	.....	Centre with posting place	.....
ML	.....	Designation	.....
SPECIAL	.....	Date of appointment/retirement	.....
		Name of employer	.....

**PARTICULAR OF APPLICANT**

1.Subsatsive Basic Pay..... Total Pay.....

2. Paid up Value of Shares Held

**Present Liability to Society**

3) Deposits to the Society

TF .....  
 GF .....  
 MWF950%).....

Long Term Loan.....  
 ( Date of Overdue).....  
 Short Term Loan  
 ( Date of Overdue).....  
 House Building Loan  
 ( Date of Overdue).....  
 Medical Loan  
 ( Date of Overdue).....  
 Special Loan  
 ( Date of Overdue).....

TOTAL

4. Present Liability to the Society as surety :-

i)..... ii)..... iii)..... iv)..... Total Rs.....

5. Present Liability outside the Society :- (as on .....

i) Pf Loan..... ii) Medical Loan ..... iii)

6. PF Contribution( Monthly).....

7. Other ( Specify)

A) Annual Income

B) Annual Expenditure

C) Annual Surplus ( A-B)

We hereby agree to be sureties for the above-mentioned loan and to be jointly and separately liable (I) for its repayment with interest and cost incurred for collection and (ii) for its employment in accordance with the purpose mentioned by the applicant.

		Surety No-1	Surety No-2
Name in full (in Block Letters)			
Father/ Husband's Name			
Phone No : -(Landline & Mobile)			
Registration No			
Designation & Employee Code			
Pay Band & Grade Pay			
Name of Employer			
Deposits with the society	TF		
	GF		
	MWF		
Paid up Value of Shares held			
Present Liability to the Society	SL		
	GL		
	ML		
	HBA		
	SPL		
Signature in full with Date			
		Surety No-3	Surety No-4
Name in full (in Block Letters)			
Father/ Husband's Name			
Phone No : -(Landline & Mobile)			
Registration No			
Designation & Employee Code			
Pay Band & Grade Pay			
Posting Place (Centre)			
Name of Employer			
Deposits with the society	TF		
	GF		
	MWF		
Paid up Value of Shares held			
Present Liability to the Society	SL		
	GL		
	ML		
	HBA		
	SPL		
Amount overdue (if any)			
Date from which overdue			
Signature in full with Date			
FOR OFFICE USE			
No of Additional Sureties Reqd	No of Installments	Amount per Installments	

# BOND

I Sri /Smt.....s/o,w/o.....  
a member of NSSO Employees Co-Operative Credit Society Ltd., have this .....day of.....200  
received subject to the Bye-laws of the Society, a Long Term loan of Rs.....  
Rs.....bearing interest at the rate of.....per cent per annum which I hereby under-  
take to repay in full by.....monthly installments, commencing from the current/next  
month,.....of Rs.....for LT with interest thereon Each installment being  
recoverable from monthly Pay Roll, Leave Salary, Group Insurance and Gratuity (within my service period or after  
retirement /resignation/death).

Signature in full	
Full name (in block letters)	
Name of father/husband	
Membership Reg. No.	
Emp Code	Mobile No
Date of membership	
Address	
Centre with posting place	
Designation	
Date of appointment/retirement	
Name of employer	

We hereby agree to be sureties for the above-mentioned loan and to be jointly and separately liable (I) for its repayment with interest and cost incurred for collection and (ii) for its use in accordance with the purpose mentioned by the applicant.

1

**Signature in full** .....

Full name (in block letters) .....

Name of father/husband .....

Membership Reg. No. ....

Date of membership .....

Address .....

Centre with posting place .....

Designation .....

Dt. of appointment/retire .....

Name of employer .....

2

**Signature in full** .....

Full name (in block letters) .....

Name of father/husband .....

Membership Reg. No. ....

Date of membership .....

Address .....

Centre with posting place .....

Designation .....

Dt. of appointment/retire .....

Name of employer .....

3

**Signature in full** .....

Full name (in block letters) .....

Name of father/husband .....

Membership Reg. No. ....

Date of membership .....

Address .....

Centre with posting place .....

Designation .....

Dt. of appointment/retire .....

Name of employer .....

4

**Signature in full** .....

Full name (in block letters) .....

Name of father/husband .....

Membership Reg. No. ....

Date of membership .....

Address .....

Centre with posting place .....

Designation .....

Dt. of appointment/retire .....

Name of employer .....

Received payment of Rs.....(Rs.....)

Signature of Borrower with date.....

PL Folio .....  
**NSSO EMPLOYEES'**  
**CO-OPERATIVE**  
**CREDIT SOCIETY LTD (CR-8)**  
**164 , G.L.T Road. Calcutta 700 108**

A/C.....

Voucher No.....

Treasurer

<b>DEBIT</b>	<b>CREDIT</b>
Thrift Fund	Thrift Fund
Int. on T.F	Int. on T.F
Guarantee Fd.	Guarantee Fd.
Int. on G.F	Int. on G.F
L.T Loan	L.T Loan
Int on LT Loan	Int on LT Loan
ST Loan	ST Loan
Int on ST Loan	Int on ST Loan
Special Loan	Special Loan
Int on Special Loan	Int on Special Loan
Medical Loan	Medical Loan
Int on Medical Loan	Int on Medical Loan
M/W/F (50%)	M/W/F
Int on M/W/F	Int on M/W/F
Share	Share
Dividend	Dividend
Death Relief (Gen)	Death Relief (Gen)
Death Relief (M/W/F)	Death Relief (M/W/F)
Unforeseen Loss	Unforeseen Loss
Gift	Gift/Form
Misc	Misc
	<b>Deduction</b>
	<b>Net Amount</b>
<i>Total Amount</i>	

Please pay Rs.....(  
 Rupees.....)  
 By Cash/Cheque/Draft.....on.....dtd.....to  
 Sri/Smt.....Designation/Regd  
 No.....Centre.....  
 For.....  
 ...

Date : Chairman/Vice-Chairman Secretary/Asst.Secretary

Received Rs. \_\_\_\_\_

Rupees \_\_\_\_\_

\_\_\_\_\_  
 Signature Of Witness (in Full)

Date \_\_\_\_\_

\_\_\_\_\_  
 Signature (in Full)

Date \_\_\_\_\_

MENTION YOUR BANK NAME :

CBS ACCOUNT NO :