

NATIONAL SAMPLE SURVEY OFFICE EMPLOYEES' CO-OPERATIVE CREDIT SOCIETY LIMITED.

(Registered under the Multi State Co-Operative Societies Act 1984)

(Regd. No. CR-8 of 2nd August 1975.)

Mahalanobis Bhavan, 164, Gopal Lal Thakur Road, Kolkata – 700108.

APPLICATION FORM FOR SHORT TERM / SHORT TERM EXTENDED LOAN

Item	Date	Amount	SL/	/200 -200
Sanctioned/Deferred			Dated	last loan dt
Payment made			PL Folio No.	last loan Rs

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

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

For the use of D.D.O

Monthly recovery instalments for the said loan will be deducted from the applicant's salary as per deduction list and the transfer of the applicant, if occurs, will be intimated to the Society.

Signature of D.D.O with stamp.

Dear Sir,

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

I hereby also declare that I have taken/ not taken any loan from other institutions (including employer),. the details of which is given bellow.

Name of institution	Loan sanctioned	Outstanding amount as on date	Number of installments yet to be repaid	Monthly recovery including interest

My net take home salary after all deductions (employer and other institutions) in the last month i.e.....was ` Date.....

Yours faithfully,

Particulars

1. Pay (Basic)		Signature in full	
2. Share (paid up)		Full name (in block letters)	
3. Thrift fund		Name of father/husband	
4. Guarantee fund		Membership Reg. No.	
5. M/w fund (50%)		Date of membership	
Total (tf+gf+mwf)		Address	
		Centre with posting place	
		Designation	
		Date of appointment/retirement	
		Name of employer	

Present liability to the Society

Short term loan ` as on	Long term loan ` as on	Special Loan ` as on
Festival Loan ` as on	Medical loan ` as on	

Form fee ` 5/- only

P.T.O

BOND

I Sri /Smt.....s/o,w/o.....
 a member of NSSO Employees Co-Operative Credit Society Ltd., have thisday of.....200
 received subject to the Bye-laws of the Society, a short term /short term extended loan of `
 `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 ST Rs..... for STE 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.
 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		2	
Signature in full		Signature in full	
Full name (in block letters)		Full name (in block letters)	
Name of father/husband		Name of father/husband	
Membership Reg. No.		Membership Reg. No.	
Date of membership		Date of membership	
Address		Address	
Centre with posting place		Centre with posting place	
Designation		Designation	
Dt. of appointment/retire		Dt. of appointment/retire	
Name of employer		Name of employer	
3		4	
Signature in full		Signature in full	
Full name (in block letters)		Full name (in block letters)	
Name of father/husband		Name of father/husband	
Membership Reg. No.		Membership Reg. No.	
Date of membership		Date of membership	
Address		Address	
Centre with posting place		Centre with posting place	
Designation		Designation	
Dt. of appointment/retire		Dt. of appointment/retire	
Name of employer		Name of employer	

Received payment of `(`)

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.....

Paid Date.....

Treasurer

DEBIT	CREDIT
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%)	Festival Loan
Int on M/W/F	Int on Festival Loan
Share	Share
Dividend	Dividend
Death Relief (Gen)	Printing Charge
Death Relief (M/W/F)	EPF
Unforeseen Loss	Gift/Form
Gift	Misc
Misc	Deduction`
Total Amount `	Net Amount `

Please pay
 `.....(Rupees.....)

By
 Cash/Cheque/Draft.....on.....dtd.....to
 Sri/Smt..... /Regd No.....Centre.....
 For.....

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

Received `.....
 `.....

 Signature Of Witness (in Full)
 Date _____

 Signature (in Full)
 Date _____

MENTION YOUR BANK NAME :
 CBS ACCOUNT NO :