

**FORM OF APPLICATION FOR INTEREST FREE ADVANCE TO GOVERNMENT EMPLOYEES**

1. Name of the Applicant :
2. Designation :
3. Name of Institution/Office :
4. District and Station :
5. Date of Birth :
6. Date of first appointment/Date of entry in service :
7. Date of superannuation/retirement :
8. Pay and Scale of Pay :
9. Nature of appointment (Provisional/regular) :
10. Length of Service as on the date of application :
11. Length of remaining service as on the date of application :
12. Whether the applicant is a Gazetted Officer or Non-Gazetted Officer :
13. The designation of the drawing officer/ countersigning authority :
14. The name of the Treasury from which the amount is proposed to be drawn :
15. Name, address and relationship with the patient :
  - (i) Name of Hospital :
  - (ii) Age :
16. Whether the patient is a Govt. Employee :
17. Whether the patient is a Service Pensioner :
18. Purpose for which it is required :
  - (i) Name of Hospital :
  - (ii) Date of Surgery :
  - (iii) Name of Surgery/treatment :
19. Amount to be deposited :
20. Approximate expenditure :
21. Amount of advance required :
22. Whether advance for similar purpose was obtained previously and if so:—
  - (i) The No. and date of the Government Order sanctioning it :

- (ii) Date of drawal of the Advance :  
(iii) Whether the amount of advance has been utilized. Details of adjustment made :  
(iv) Balance if any outstanding, if so reason for non-utilisation of full amount sanctioned :

Certified that the information given above is complete and true and that I will comply with the rules laid down in the case of Interest free Advance from the time to time.

Signature of applicant:

Name:

Designation:

#### ENQUIRY CERTIFICATE

1. Certified that the applicant has no other means to raise the amount from any other source.
2. Certified that I have made enquiries about the purpose for which the advance is applied for and have been satisfied myself with the genuineness of the facts attached to with this application.
3. Certified that the applicant will continue in service till the complete repayment of the advance.

Place:

Date:

Signature:

Name and Designation:

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