

ANNEXURE
FORM OF APPLICATION FOR SANCTION OF LOAN FROM THE ANDHRA
PRADESH EMPLOYEES WELFARE FUND

To
 The Member Secretary-cum-Treasurer
 District Treasury Officer, A.P.
 Employees Welfare Funds District Level
 Committee,
 _____ District.

1. Name of the Applicant :
2. If dependent of a deceased
Govt. servant, relationship :
3. Father/Husband's name :
4. Post held :
 - a) Substantive :
 - b) Officiating :
 - c) Department/office :
 - d) Date of entry into service :
 - e) Bill No/ Cheque No./ dated
and month of latest recovery
of subscription/ Challan No.
and date :
5. Scale of Pay and allowances
drawn per month :
6. Date of retirement :
7. Amount of loan and purpose for
Which the loan sought for :
(Documentary proof to be
Enclosed)
8. Whether eligible for similar
Loan from the Government :
9. If so, whether he was sanctioned
The loan or not :
10. Period within which he wishes
To repay if it loan :
11. Is any balance of loan
Sanctioned earlier outstanding
If so, how much :
12. I here by authorize _____
(drawing officer) to recover the instalment of loan with interest from my
Salary through acquittance and remit to the Member Secretary-cum-treasurer
Till the entire loan is repaid at my cost.

Signature of the applicant

13. Remarks of forwarding and Drawing Officer