

**THE ASSAM AGRICULTURAL UNIVERSITY EMPLOYEE'S CO-OPERATIVE
MUTUAL BENEFIT FUND LIMITED; AAU: JORHAT -13**

LOAN APPLICATION FORM

To,
The Chairmen
AAUECMBF Ltd,
AAU, Jorhat-13

MBF A/C No. _____

Passport
Photograph

Sir,

I beg to request you kindly to grant me loan of Rs. _____ (Rupees _____) only from the AAUECMBF LTD. Necessary particulars are furnished herewith for your perusal.

Particulars:

1.	Full name of the Member (in Block letter)	:	
2.	Post held/ Designation	:	
3.	Office Address	:	
4.	Date of Joining in the AAU service	:	
5.	Date of Retirement	:	
6.	Permanent address	:	
7.	MBF Account number	:	
8.	Monthly subscription Amount	:	
9.	Purpose of loan	:	
10.	When the loan is required	:	
11.	Present pay (Basic pay & DA)	:	
12.	Previous loan if any outstanding	:	
13.	Mobile No	:	
14.	AAU Mail Id	:	

Loan Details:

A) Required Loan Amount: ₹: _____ (Rupees _____) only

B) Preferable Loan Repayment Tenure:

(Please \sqrt anyone)

12	24	36	48
months	Months	Months	Months

I, hereby declare that I will repay the loan along with interest amount following all the existing Terms and Conditions of AAUECMBF, LTD. and abide by the same.

Signature of the Member.

Forwarded to the Chairman, AAUECMBF LTD., Jorhat. The loan and interest will be deducted from the monthly pay bill of the person concerned regularly according to the sanctioned order issued by the Secretary AAUECMBF. LTD, Jorhat.

Seal & Signature of the DDO.

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BILL FOR DRAWL OF LOAN FROM AAUECMBF LTD., JORHAT-13.

Station.....

Adjustment by the deduction from pay bills

Voucher No.....

Date.....

Sl. No.	Name of the member	Designation & Office Address	MBF A/C No.	No. & Date of Sanction	Amount of loan to be withdrawn	Remarks

I do hereby undertake that the amount of loan in this bill utilized solely for the purpose for which it is sanctioned. I will refund the loan amount with interest in the stipulated time. Further, I declare that in the event of any untoward incident i.e. die in harness/compulsory retirement/voluntary retirement/death or otherwise, the outstanding balance amount of loan with interest can be realized from my retirement benefit /pension benefit /any other mode by the AAUECMBF LTD.

<p>Revenue stamp of Rs. 1.00 with Signature</p>
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Signature of the member

Full Name: _____

For Office Use Only

Dated: ____/____/____

Net amount required for payment Rs . _____ Rupees _____)

Only to Dr./Mr./Mrs./Ms. _____, Designation: _____

MBF Account Number: _____ with an EMI for Rs. _____ within _____ months and with effect from _____ to _____.

Office Assistant

Secretary
AAUECMBF Ltd,
AAU, Jorhat-13.

Checked & entered.

Secretary
AAUECMBF Ltd,
AAU, Jorhat-13.