

APPLICATION FOR MEDICAL LOAN

TO

**The Secretary,
THE GENERAL INSURANCE CORPORATION EMPLOYEE'S CO-OPERATIVE CREDIT &
THRIFT SOCIETY LIMITED, 104- A, Hemplaza, Fraser Road, Patna – 800 001.**

Dear Sir.

I beg to apply a medical loan of Rs.....(Rupees.....)

subject to the Bye-Laws of the Society to be repaid in monthly instalments commencing from ___2007

I hereby undertake to repay in full by..... monthly instalments.

Place:-

Yours faithfully

Dated.....

Full Signature of Member

PARTICULARS ARE TO BE FILLED BY THE MEMBER

Name (BLOCK LETTERS)..... A/C No.

Father's Name

Address

Name Of Company & Address

Date of Appointment Date of Retirement.....

CERTIFICATE (must be attached)

Name of Medical PraictionerDesignation

Name of Nursing HomeEstimated expenses Rs.....

Address Tel No.

Name of Patient Relationship Desease

Name of Sureties (BLOCK LETTERS)

Signature of Sureties

A/C No.

1.....

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2.....

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THE G I C EMPLOYEE'S CO-OPERATIVE CREDIT & THRIFT SOCIETY LIMITED
104- A, Hemplaza, Fraser Road, Patna – 800 001

Registration No. 58/PAT/76

Regd. Office :
C/O The New India Assurance Company Limited
Red Cross Bhawan, North Gandhi Maidan,
P A T N A - 800 001.

AUTHORITY SLIP

Authority to Deduct the Amount from my salary Whereas I,
Son of resident of
P.O. Police Station District
Employed in the office of and a member
No. (.....) of The GIC Employees Co-operative Credit & Thrift Society Limited .registered under the
Bihar Co-operative Society Act VI of 1935, have borrowed Rs.....
(Rupees.....) only from the said society.

I do hereby of my free-will and accord and in full enjoyment of my senses and without and correction authorize my employer THE NEW INDIA ASSURANCE COMPANY LIMITED/UNITED INIDA INSURANCE COMPANY LIMITED to deduct from my pay/wage the full amount of instalments and interest thereon till such time as the said loan is fully repaid and to remit the said registered society which has granted me the loan. These accounts shall continue to be deducted from pay/wage by disbursing officer unless otherwise modified or remitted by the Board of Directors of the said society till the full payment is made.

Office address:

Signature

Attested the Signature
Seal & Signature of
Controlling Officer

Place :

Date:

FOR OFFICE ONLY

Amount of Loan Sanctioned Rs..... (Rupees)

Only to be repaid in monthly instalments. This Loan application has been passed vide Loan committee minutes dated

Signature of Secretary