

Date :/...../

KERALA STATE INSURANCE DEPARTMENT കേരള സംസ്ഥാന ഇൻച്ച്വറൻസ് വകുഷ്

സംസ്ഥാന ലൈഫ് ഇൻഷ്വറൻസിൽ നിന്നുള്ള വായ്പയ്ക്കുള്ള അപേക്ഷ l

	FOR OFFICE USE ONLY
nward No.	:
Date	:
₋oan No.	:
oan Amount	: ₹

Signature of the Applicant

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1. 2.	Emplo Name	•			-				ന്റ് പേര്)																			
3.	Design	atio	ท (อ	ദ്ദോഗ	n ദപ ര	o")			-			-																	
4.	Name	<i>χ</i> , Δ,	ddre	פכ ר	of Of	ffice	len	പീസിട	ന്ന് പേര	0 800	ഷ്പ്	ปียวกาวเ	30)		וח	ეი/	SDO	Cod	6				- 						
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5.	Details Policy			-			JdSI1	ı ıoa	11 15 50	ugni	. (a	വാനാപ പ	എടു ക	ാെനു	ദ്ദേശക്കു Premi			-	ാട വാ	വരങ	300)	Sur	n Ac	cur	2d (4	210/00	1000 (തുക)	١
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6.	Wheth	er t	he P	Polic	v is	accio	gne	d in	favou	of a	∟ anv	or in	anv	, wa	v encu	mhe	ered	(ഹിവ	I വി <i>ത്</i>	@_IC		<i>ത</i> രം ദ്	ക	കിവാ	00 - 16	mme	องเรา	ത്താ	
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6.	Total p												ומבטטו	וט שו	ത്രക ധ	გთ)		-		<u> </u> 	<u> </u>		<u> </u>	<u> </u>					
7.	7. Amount of Loan required (ആവശ്യമായ വായ്പ തുക) ₹																												
8.	3. Instalments required (തിരിച്ചടവു തവണകൾ)																												
9.	Mode	of R	epa	yme	nt u	ınde	r Lo	an (വാതുപ	തിരിച്ച	Jsດ໌ເ	ിനു സ്വ	കരിക	കുന്ന	മാർഗ്ഗം)	Put	a (√) ma	rk										
	Sal	lary	Ded	ucti	on (ശമ്പള	ളത്തി	ൽ നി	ന്നും കി	ഴിവു (വരു	ുത്തൽ)			Di	rect	t Ren	nitta	nce	(നേ	രിട്ടു	അടവ	ാക്കര	ಸ)					
10.	Docum	nent	s At	tach	ed v	with	this	s Ap	plicati	on (അഭ	ദപക്ഷഭ	യാടെ	ടാഷം	<u>ഉള്ള</u> ടക്ക	മെ	ത്ത	രേഖം	കൾ)	Put	а (\	/) m	ark						
	Po	licy (Cert	ifica	ite ii	n ori	igina	al (&	ചാളിസി ര	സർട്ടിം	മിക്ക	റ്റ് അന്	ുൽ)		As	sigr	nmer	nt Fo	rm	(അ	സയ്	ർമെ	ൻ്ര ഹാ	റം)					
	Pa	ss Bo	ook	dulv	, att	este	d(m	ാക്ഷ	ഷെടുത്ത	റിയ പ	ວໜ່	്ബാക്ക്	, 1																
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abo	ove are	true	in a	all re	espe	ect.	I he	reby	agree	e to	the	cond	litio	ns, la	aid do	vn ı	regar	ding	gra	and	of Ic	an,	that	t fail	lure	to p	oay		
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	നാൽ പ്ര				-	-									•			-	-			-				-			
	ത്തുന്നത് നുമുള്ള വ										ത്ര	ൃം തിരി.	ച്ചടക്ക	ാതെ	വരുന്ന ര	ഞ്ഞി	ക ബാ	ധ്യതം	 ±00 6	ാക്ലയ	io OOI	ഗഷാ∉	കുന്ന	สง⊴ช	യത്ത്	തട്ടിഷ	ઝાહાલ	ஆ	
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Pla	ce :																												

Declaration by the Drawing & Disbursing Officer *

Shri./Smt		, the app	licant, is working i	in this office in the
ost of				
pplicant are true to the best of my knov alary of Shri./Smt				
om the Kerala State Insurance Departm	nent.			
lace :ate ://	Office Seal	DDO Code Name Designation Office	:: :: ::	
Applicable to all Non Gazetted Officers				
	For Office	e Use Only		
Total Premia Realised				
Acrued Bonus				
Total Amount in A/c				
Amount of Loan Admissible				
Loan Amount		No. of Installments	;	
Total Interest			<u> </u>	
EMI Amount		Due Date of First E	MI 0 1	
Outstanding Loan Amount		Net Amount to be	Paid	
File Submitted on		File Approved on		
Clerk	Supdt.			Officer
Bill Prepared on		Bill Approved on		
 Clerk	 Supdt.			 Officer

KERALA STATE INSURANCE DEPARTMENT

FORM OF ASSIGNMENT

In considera	ation of the sum of $ extstyle ag{7}$ paid to me as loan under Bor	d
No	dated/20 executed by me in favour of the Director of	۶f
Insurance, T	Thiruvananthapuram/District Insurance Officer,	•••
and agreed I	to by me to be repaid in instalments together with interest thereon at	9
percent per	r annum, in accordance with the stipulation contained in the said Bon	J,
l	do hereby assign a	ıs
security for	the due repayment of the said loan unto the Director of Insurance, his successo	·s
in the office	and assigns, the State Life Insurance Policy Nogrante	d
by the Kera	ala State Insurance Department on my life for the sum of ₹	•••
thereby assi	ured and all other moneys to become payable thereunder by way of bonus o	ÞΓ
otherwise a	nd all my right, title, interest, claim and demand whatsoever, to in and upon th	e
same, to ha	ive and to hold the said policy of insurance and premises unto the Director of	۶f
Insurance, h	nis successors in office and assigns provided always that if myself or heir	s,
representati	ives in interest, executors or assigns shall as in the said Bond is provided, repay t	0
the Govern	ment the the whole of the said sum of $ extstyle au$ (Rupe	?S
	onl	y)
granted as l	loan and interest thereon and otherwise fully observe, performs and confor	n
myself to all	l the terms and conditions as in the said bond are contained and on my part to b	e
observed an	nd performed, then and in such a case, the Director of Insurance shall assign th	e
said Policy o	of Insurance unto me or my heirs, representatives, executors on assign as the cas	e
may be, at m	ny or their cost and expense	
Station:		
Date :/.	/20 (Signature of the Insured)	
Witness:		
Signature	:	
Name	:	
Designation	:	
Address	•	

KERALA STATE INSURANCE DEPARTMENT

Form No. II

State Life Insurance Loan No.:		Dated :/20
RE	CEIPT	
Received from the Director of Insurance /D the sum of ₹ (Rupees		
on	ly) being the	loan sanctioned to me as per that
office letter No	Dt	//20 against my State Life
Insurance Policy No		Affix Revenue Stamp worth ₹1 signed by the Applicant
	Name	:
Place :	Address	:
Date :/20		
•		•
(to be certified by a	Gazetted Offic	er below)
	is the hold	
presence.		
	Signature	:
	Name	:
	SDO Code	
	Designation	:
Place:	Address	:
Date :/20		
1- 6	"	

(Office Seal)

KERALA STATE INSURANCE DEPARTMENT

Form No. II

State Life Insurance Loan No.:		Dated :/20
R	ECEIPT	
Received from the Director of Insurance /	District Insura	nce Officer,
the sum of $\stackrel{?}{ ext{ t.}}$ (Rupees	•••••	
o		
office letter No	Dt	.//20 against my State Life
Insurance Policy No		Affix Revenue Stamp worth ₹1 signed by the Applicant
	Name	·
Place :	Address	:
Date :/20		
(to be certified by a	a Gazetted Offic	er below)
This is to certify that Shri./Smt		
personally known to me and that he/sho		
Nopresence.	The above o	given signature was affixed in my
	Signature	:
	Name	:
	SDO Code	:
	Designation	
Place :	Address	
Date :/20		
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