

# THE CENTRAL EXCISE EMPLOYEES CO-OPERATIVE CREDIT SOCIETY LTD., No. E-674, COCHIN - 18

Phone : 0484 - 2395514

## APPLICATION FOR EDUCATION LOAN

1. Name (In block letters) : .....
2. Membership No. : .....
3. Office address in full : .....  
: .....
4. Designation : .....
5. Date of joining in the department : .....
6. Date of retirement : .....
7. Net salary as per last pay in slip  
(Copy to be attached) : .....
8. Residential Address : .....  
: .....  
: .....

9. Details of student

	Name of student	Name of Course	Name of Institution
1	.....	.....	.....
2	.....	.....	.....
3	.....	.....	.....

10. Loan amount applied for  
(maximum 25,000/-) : .....
11. No. of instalments (maximum 10) : .....
12. Signature of applicant : .....

### AGREEMENT WITH THE PAY DISBURSING OFFICER

I hereby authorise the Pay Disbursing Officer to recover all or any instalment of loan or loans and all other sums that may from time to time at any time become due and payable by me to the CENTRAL EXCISE EMPLOYEES' CO-OPERATIVE CREDIT SOCIETY LTD. No. E-674, Cochin - 18 towards the instalments of loan or loans or other sums that may be due and payable by me to the Society. I agree to accept as sufficient evidence of my liability a demand from an officer of the Society certified by him as correct. I agree to make recoveries from my salary in the manner above mentioned. I also declare that I am neither a member nor indebted to any other Co-operative Credit Society.

Place : .....

Date : .....

SIGNATURE OF APPLICANT

Name : .....

Membership No.: .....

Mob. No. : .....

For Office Use	
Share	Rs. ....
Pre. Balance	Rs. ....
Interest	Rs. ....
Others	Rs. ....
Net Amount	Rs. ....
<b>Total</b>	<b>Rs. ....</b>

RECOMMENDED :

SANCTIONED: