

# The Kerala State Financial Enterprises Limited

(A Government of Kerala Undertaking)

Regd. Office: Thrissur -680020



Unit.....

## APPLICATION FORM

Purpose for being a debtor/surety/guarantee to Sri/Smt..... under the .....scheme of the Company.

Chitty No.....Chittal.....Class.....Chitty Amount ₹.....Future Liability ₹.....

Loan a/c No..... Advance Amount ₹..... Purpose .....

1.	Name (in block letters)					
2.	Father's /Spouse's Name					
3.	(a) Whether debtor /surety/guarantee					
	(b) If surety/guarantee specify the relationship with the principal debtor					
4.	Residential address			Permanent	Present	
	(a) House Name					
	(b) Ward No. & House No.					
	(c) Desom					
	(d) Panchayath/Municipality/Corporation					
	(e) Lane/Street					
	(f) Village					
	(g) Taluk					
	(h) District					
	(i) Post Office with Pin Code					
	(j) Telephone No.	Mobile :		Residence :	Office :	
	(k) e-mail id					
5.	Details of property owned and possessed					

Survey No.	Acre	Cents	Village	Taluk	District	Description	Market Value	Yearly Income

6. Details of Existing liability to the Company if any

Branch	Scheme	Debtor/Surety Guarantor	Chitty & Chittal No./ Loan A/c No.	Sala/ Loan Amount ₹	Monthly Subscription / Installment amount ₹	No. of Installments Remitted	Future Liability	
							No. of Insts.	Amount ₹

I, ..... hereby declare that I have no liability to The Kerala State Financial Enterprises Ltd., other than what is stated above. I also declare that the information furnished above is true to the best of my knowledge and belief.

Place:

Signature:

Date:

Name :

**A.DETAILS OF SERVICE**

1.	Name	
2.	PEN Number	
3.	Date of Birth and Age	
4.	Date from which continuous service begins	
5.	Date of Retirement	
6.	PF Account Number	
7.	Whether KSR Part III Pensioner /NPS / Other scheme (if other please specify)	
8.	Name and address of Financial Institution	
9.	Whether Loan/Chitty	
10.	Whether Debtor /Surety/Guarantee	
11.	If Surety /Guarantee specify the relationship with principal debtor	
12.	Loan/Chitty Principal Amount	
13.	Monthly installment	

**B.DETAILS OF SALARY**

Sri./Smt. -----(Name and full Residential Address) who has signed below is permanent /officiating /acting (Designation)-----in the (Name of Office and Official Address)-----

(1) SCALE OF PAY			
(2) Earnings:		(3) Deduction/Recoveries	
1. (a) Basic Pay		1. Provident Fund	
(b) Personal Pay		2. Life Insurance Premium	
2. Dearness Allowance		3. Income Tax	
3. H.R.A		4. House Loan	
4. Compensatory Allowance		5.Festival Advance	
5. Other Allowance (Specify)		6. Other Recoveries	
(i)		(i)GPF Loan	
(ii)		(ii) GIS	
(iii)		(iii) SLI	
(iv)		7. Attachments	
(v)		(i)Co-operative / KSFE / Bank / Other Financial Institutions	
(vi)		(ii)Court Attachments	
Total (2)		Total (3)	
(4) Net Salary (Total 2-Total 3):			
(5) Details of employment certificate issued previously to employee, if any Yes/No			
If Yes Specify details			

Place:

Signature

Date:

Name &Designation of Head  
Of Office /Drawing Officer

(Office Seal)

**AGREEMENT FOR RECOVERY FROM SALARY**

I, -----  
------(Name, Designation, Office & Department) hereby agree that in case of default of payment to monthly installments in Chitty /Loan No. held /availed by me/Sri/Smt.-----in the -----branch of **The Kerala State Financial Enterprises Ltd**, recoveries of such amount as may be fixed by the company from time to time be made from my salary at source.

Signature of the Employee with date

I agree to effect the above recoveries subject to condition stipulated in GO (P) 9/2021/Fin dtd. 13/01/2021 and in the instance monthly payments are stopped for 6 continuous months, Financial Institutions are required to send recovery notice compulsorily to DDO's of all concerned parties (Principal Debtor & Sureties) for starting recovery equally from the monthly salary of Principal Borrower/Surety. This office shall not take any action on a Recovery Notice received after 12 consecutive months of failed monthly payment. Even after receiving a Recovery notice against an employee, in the instance of Suspension from Service/ Removal from Service/ Demise of an Employee or Employee going into unauthorized absence /Leave without allowance, this office is not liable for effecting recovery against her/him.

Place:

Signature

Date:

Name & Designation of Head

Of Office /Drawing Officer

(Office Seal)