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**APPLICATION FOR LOAN FOR PROVIDENT FUND ACCOUNT ON
MEDICAL GROUND**

1. Name of the employee :
2. Present post :
3. Provident Fund Account No :
4. Basic Pay :
5. Name relationship of the person for
Whom medical advance is required :
6. Nature of disease as per Medical Certificate :
7. Approximate duration of
Treatment as per M.C. :
8. Approximate amount required for
Medical treatment enclose copy
Of bill purchase of medicines first dose :
9. Loan amount required :
10. Date of last loan taken with amount and
Nature of loan :
11. Which month the loan is completed with
Interest. :
12. Total amount available in A.R. amount :

ENCL : Medical Certificate indicate nature of disease and approximate duration for treatment

D E C L A R A T I O N

I _____ (Name _____ with
designation) hereby declare that information furnished above is true to the best of my knowledge. I also
declare that I have read the note given on the facts of this application.

I also undertake to send Utilisation Certificate along with bills by the end of every month till entire loan
amount is utilized.

Signature of Applicant

Note : Given false information an offence under section of I.P.C