Application Form for Car/Motor Cycle/Scooter/Moped Advance

| 1. | Name (in Block Letter): | | | | | | |
|---------|---|-------------|----------------------|---|--------|------------|-------------|
| 2. | Father's/Husband's Name: | | | | | | |
| 3. | Name of the Parent Deptt.& Designation: | | | | | | |
| 4. | Name of Deptt. Where working : | | | | | | |
| 5. | | | Basic: | | | | |
| 6. | | | :: | | | | |
| 7. | | | required : | | | | |
| 8. | Date of joining in Haryana Govt., Service: | | | | | | |
| 9. | Date of Birth: | | | | | | |
| 10. | Date of Superannuation : | | | | | | |
| | Whether permanent/ (if temporary the surety of a permanent government employee of non-judicial stamp paper worth Rs 15/-may be given | | | | | | |
| 12. | Whether advance for the same purpose was abstained previously if so., | | | | | | |
| | :1 | Data of dua | | | Date : | | Amount: |
| 13. | i) | | wal of the first adv | | | | |
| | ii) | | wal of the second | | | | |
| | iii) The amount of advance Ist/2 nd or interest: thereon still outstanding if any | | | | | | |
| | | | _ | • | | | |
| | iv) | | ds of previous | | | | |
| | Along with prove in supports thereof | | | | | | |
| | (i) Whether the intention is to purchases a newthrough a person other than a | | | | | | |
| | regular dealer/agent. (ii) Whather prior capation of the competent authority has been obtained for the purchase of | | | | | | |
| | (ii) Whether prior sanction of the competent authority has been obtained for the purchase of second handas required under the employees conduct rules. | | | | | | |
| 1.1 | | | | | | | |
| 14. | (a) Certified that the information given is complete and true. (b) Certified that I have not taken delivery of the | | | | | | |
| | (b) Certified that I have not taken delivery of the on account of | | | | | | |
| | which I apply for the advance and that I shall complete negotiations for the purchases and pay finally and take possession of thebefore the expiry of one/two months from the | | | | | | |
| | date of drawal of the loan and further that the insurance of thewill be | | | | | | |
| | | | ie ioan and further | | | | will be |
| Date :_ | | _ | | | | Signature: | |
| | | | | | | Name : | |
| | | | | | | Designatio | n: |
| | | | | | | Employee | No |