

Declaration by the Drawing & Disbursing Officer *

Shri./Smt., the applicant, is working in this office in the post of I declare that all the facts furnished above by the applicant are true to the best of my knowledge. I do hereby agree to deduct the loan amount with interest from the salary of Shri./Smt. when an intimation to the effect is received from the Kerala State Insurance Department.

Place :		Signature :
Date :/...../.....	<i>Office Seal</i>	DDO Code :
		Name :
		Designation :
		Office :
		:

** Applicable to all Non Gazetted Officers*

For Office Use Only

Total Premia Realised	<input type="text"/>		
Accrued Bonus	<input type="text"/>		
Total Amount in A/c	<input type="text"/>		
Amount of Loan Admissible	<input type="text"/>		
Loan Amount	<input type="text"/>	No. of Installments	<input type="text"/>
Total Interest	<input type="text"/>		
EMI Amount	<input type="text"/>	Due Date of First EMI	<input type="text"/>
Outstanding Loan Amount	<input type="text"/>	Net Amount to be Paid	<input type="text"/>
File Submitted on	<input type="text"/>	File Approved on	<input type="text"/>
----- Clerk		----- Supdt.	----- Officer
Bill Prepared on	<input type="text"/>	Bill Approved on	<input type="text"/>
----- Clerk		----- Supdt.	----- Officer

KERALA STATE INSURANCE DEPARTMENT

FORM OF ASSIGNMENT

In consideration of the sum of ₹ paid to me as loan under Bond No. dated/...../20..... executed by me in favour of the Director of Insurance, Thiruvananthapuram/District Insurance Officer, and agreed to by me to be repaid in instalments together with interest thereon at 9 percent per annum, in accordance with the stipulation contained in the said Bond, I do hereby assign as security for the due repayment of the said loan unto the Director of Insurance, his successors in the office and assigns, the State Life Insurance Policy No. granted by the Kerala State Insurance Department on my life for the sum of ₹ thereby assured and all other moneys to become payable thereunder by way of bonus or otherwise and all my right, title, interest, claim and demand whatsoever, to in and upon the same, to have and to hold the said policy of insurance and premises unto the Director of Insurance, his successors in office and assigns provided always that if myself or heirs, representatives in interest, executors or assigns shall as in the said Bond is provided, repay to the Government the the whole of the said sum of ₹ (Rupees only) granted as loan and interest thereon and otherwise fully observe, performs and conform myself to all the terms and conditions as in the said bond are contained and on my part to be observed and performed, then and in such a case, the Director of Insurance shall assign the said Policy of Insurance unto me or my heirs, representatives, executors on assign as the case may be, at my 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.....

RECEIPT

Received from the Director of Insurance /District Insurance Officer,.....
the sum of ₹ (Rupees
..... only) 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 Officer below)

This is to certify that Shri./Smt. is
personally known to me and that he/she is the holder of State Life Insurance Policy
No. The above given signature was affixed in my
presence.

Signature :
Name :
SDO Code :
Designation :
Place : Address :
Date :/...../20.....

(Office Seal)

KERALA STATE INSURANCE DEPARTMENT

Form No. II

State Life Insurance Loan No. :

Dated :/...../20.....

RECEIPT

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the sum of ₹ (Rupees
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SDO Code :
Designation :
Place : Address :
Date :/...../20.....

(Office Seal)