

GOVERNMENT OF KERALA

Abstract

Interest Free Advance to Government Employees – application form introduced – Orders issued.

FINANCE (LOANS) DEPARTMENT

G.O. (P) No. 1071/2001/Fin.

Dated, Thiruvananthapuram 27-09-2001.

- Read: -1. G.O. (P) No 163/90/H&FWD dated 20-08-1990
2. G.O. (P) No 45/97/H&FWD dated 18-2-1997.

ORDER

Interest Free Advance is now sanctioned to Government servants based on a mere submission from the applicants forwarded through the head of department. Now, it has come to the notice of Government that no specific format of Application is prescribed for applying Interest Free Advance to State Government Employees as per Government Orders cited Government have examined the matter in detail and are pleased to prescribe an application form for Interest Free Advance to Government employees appended to this order. Hence Government insists that all heads of departments/sanctioning authorities should entertain application for interest free advance in future in the prescribed form only.

Necessary orders will be issued later, to incorporate the 'form' in K.F.C. VolumeII.

By Order of the Governor.

SECRETARY

(FINANCE EXPENDITURE)

To

All Departments.

Forest Head Quarters,
Thiruvananthapuram,
Dated: 31.10.2001.

Endorsement No. H2.34040/2001/K.Dis

Copy forwarded to all Chief Conservators for information.

Copy forwarded to all Conservators of Forests and Divisional Forest Officers and

Assistant Conservators of Forests,

Wild Life Wardens for information and attention,

Copy to all section heads in this office.

Copy to stock file/H2.

For Chief Conservator of Forests (Administration).

**FORM OF APPLICATION FOR INTEREST FREE ADVANCE TO
GOVERNMENT EMPLOYEES**

1. Name of applicant :
2. Designation :
3. Name of Institution/office :
4. District and Station :
5. Date of Birth :
6. Date of First appointment/
Date of entry in service :
7. Date of Superannuation/
Retirement :
8. Pay and Scale of Pay :
9. Nature of appointment
(Provisional/regular) :
10. Length of service as on
the date of application :
11. Length of remaining service
as on the date of
application :
12. The designation of the
drawing officer/counter-
signing authority :
13. The name of Treasury from
Which the amount is
Proposed to be drawn :
14. Name, Address & relation-
ship with the patient :
 - (1) Name :
 - (2) Age :
15. Purpose for which it is required
 - (1) Name of Hospital :
 - (2) Date of Hospital :

- (3) Name of surgery / Treatment :
16. Amount to be deposited :
17. Amount of Advance required :
18. Amount of Advance required :
19. Whether advance for similar purpose was obtained previously and if so :
- (1) The No. & Date of the :
- (2) Government order sanctioning it :
- (3) Date of drawl of the advance :
- (4) Balance if any Outstanding, if so reason for non-amount sanctioned :

Certified that the information given above is complete and true that I will comply with rules laid down in the case of Interest Free advance from the time to time.

Signature of applicant:
Name :
Designation;

ENQUIRY-CERTIFICATE

Certified that the applicant has no other means to raise the amount form any other source.

Certified that I have made enquiries about the purpose for which the advance is applied for and have been satisfied myself with the genuineness of the facts attached to with the application

Certified that the applicant will continue in service till the complete repayment of the Advance.

Signature:
Name & Designation: