



# Malappuram Aided School Teachers Co-operative Society Ltd. No. M. 49

HO: Down Hill P.O., MALAPPURAM, Pin: 676 519. Phone: 2730992

Branches: ♦ DOWNHILL PO., MALAPPURAM, Phone: 0483 2735266 ♦ KOLAPPURAM, 0494 2468334  
♦ THANUR, 0494 2581122 ♦ NILAMBUR, 04931 226644 ♦ PERINTHALMANNA, 09497 725266

## PERSONAL SURETY APPLICATION FORM

1. Full Name : \_\_\_\_\_
2. Member Number : \_\_\_\_\_
3. Father's/Mother's/Husband's Name : \_\_\_\_\_
4. Whether Applicant or Surety : \_\_\_\_\_
5. Relationship between Applicant and surety if any : \_\_\_\_\_
6. Date of birth : \_\_\_\_\_
7. Date of Joining Service : \_\_\_\_\_
8. Date of Retirement : \_\_\_\_\_
9. Permanent Home Address with **Phone No.** : \_\_\_\_\_ Present Official address with designation:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Whether already a debtor or Surety to any other Loan:
  - a) Details of such loan numbers : \_\_\_\_\_
  - b) Loan Amount seperately : \_\_\_\_\_
  - c) Amount remitted : \_\_\_\_\_
  - d) Future Liability : \_\_\_\_\_

### DECLARATION

I.....  
 .....(Name, designation and school)  
 hereby declare that the particulars given above are correct. I hereby agree that in case of default of payment of monthly instalment of loan / Members Group Deposit & Benifit Scheme sanctioned to Sri/Smt .....  
 .by the Malappuram Aided School Teachers' Co-operative Society Ltd. No. M 49, monthly recoveries of such amount as may be fixed by the Society from time to time may be made from my salary at Source. I do hereby authorise may pay Disbursing Officer/Head of office to recover monthly the repayment instalment with interest and other dues if any from my salary until it is paid up or from my gratuity or Provident Fund Deposit whichever is convenient, in the event of my retirement or death. In case I am a drawing officer my self. I authorise my pay bill Countersigning Officer/Accountant General of Kerala/Treasury Officer to withhold may pay till, I produce Voucher in Support of payment of the amount due to the Society.

Place:

Signature.

Date:

Name & Designation:

# **CERTIFICATE OF EMPLOYMENT**

Certified that Sri./Smt./Kum.....  
S/o.D/o.W/o.....at.....  
house.....Village .....Taluk.....  
District, now residing at .....house  
.....Village .....Taluk.....District  
is a Permanent/Officiating (Designation & Office).....  
.....  
.....

his/her pay and allowances are given below.

- |    |  |   |
|----|--|---|
| 1. | Basic Pay  | : |
| 2. | DA   | : |
| 3. | HRA  | : |
| 4. | Other allowances   | : |
|    | Total  | : |
|    | Total in words   | : |
| 5. | Details of deductions and recoveries<br>from pay                   | : |
|    | a) Court attachment if any   | : |
|    | b) House loan  | : |
|    | c) P.F. Subscription   | : |
|    | d) P.F. Loan and repayment   | : |
|    | e) Insurance premium (S.L.I.)                                      | : |
|    | f) Income tax  | : |
|    | g) Any other compulsory recoveries/<br>deductions (Please specify) | : |

Sri.....is working in this school as  
.....and the Particulars given above are correct.  
I undertake to recover the Loan/Chitty/Members Group Deposit & Benifit Scheme instalments with interest and  
other dues if any from his/her monthly Salary and to remit the amount to the credit of the Society every month  
if he/she fails to repay, as per the provisions of the Kerala Co-operative Society Act, and the rules framed there  
under and the orders of Government.

Place :

Signature:

Date:

Name :

Designation of the  
Drawing Officer:

(Office Seal)