The Addl Secretary(SA)to the Govt. of Himachal Pradesh Shimla-2.

| Sub: | Raising of Loan. | | |
|--------|---|--|----------------------|
| | | intend to raise loan amo (Bank/Institution) for | |
| ,there | | ant permission in may in my favour | |
| regard | ling my previous loans etc. are | e under:- | |
| 1. | Whether Permanent/Tempor | rary: | |
| 2. | Date of Retirement:- | | - |
| 5. | Purpose for which loan has already been taken:- | | - |
| 6. | Details of Loans already tal | ken:- | |
| 7. | | Amount | Recovery (Per Month) |
| | i) Coop.Society Thrieft Society | | (i ei wionen) |
| | ii) LIC/Banks/HBA fr | rom Govt. | |
| | | UNDERTAKING | |
| | <u> I</u> | do hereby certified that | t the information |
| which | has been given above is tru | ue and nothing has been concealed t | therefrom. I also |
| under | take to repay the loan instalm | ents from the salary at my own level | failing which the |
| | rnment would be at liberty tenience. | to recover the said amount out of a | my Salary at its |
| | | Branch | |
| | | Code No | |

UNDER TAKING

| | I | | _ v | vorking | as | | | in | H.P. |
|----------|------------------------|------------|------|------------|-----|--------------|---------|---------|--------|
| Secretar | iat do hereby stands | guarantee | in | favour | of | S/Sh/Smt. | | | _Code |
| No | against | loan of | Rs | J | | being | raised | by h | im/her |
| from | | bank | I | also | u | ndertake | that | if | said |
| S/Sh/Sm | nt | fail: | s to | deposit | any | instalment | of loan | , it sh | all be |
| compete | ent to the drawing and | d Disbursi | ng (| Officer to | dec | luct the sam | ne from | my sal | ary or |
| income a | as the case may be. | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | Signature | ÷ | | |
| | | | | | | Name | | | |
| | | | | | | Designat | ion | | |
| | | | | | | Branch/C | Office | | |
| | | | | | | Code No | | | |
| | | | | | | | | | |
| WITNE | CSS:- | | | | | | | | |
| 1. | Signatura | | | | | | | | |
| 1. | Signature Name | | | | | | | | |
| | Designation | | | | | | | | |
| | Code No. | | | | | | | | |
| | Brach/Office | | | | | | | | |
| 2. | Signature | | | | | | | | |
| | Name | | | | | | | | |
| | Designation | | | | | | | | |
| | Code No. | | | | | | | | |
| | Brach/Office | | | | | | | | |

TO BE ATTESTED BY GAZETTED OFFICER