FORMAT OF APPLICATION UNDER BANK LOAN INTEREST SUBSIDY SCHEME

FORM III

(To be submitted in duplicate)

	Identity card No. NR No.	:
From Name of Ex-Serviceman	Dist. Register No. Identity Card No. Dated:	
Regimental No.	Rank	
Address :		
To The Deputy / Assistant Director of Ex-Service Welfare,	cemen's	
Sir,		
Sub: Bank Loan Under Bank Loan Requested.	Interest Subsidy Scheme	
		NI C
I request you kindly to recommend for	or getting Bank Loan from(Name of
the Bank with address)		
Rs.		
for doing	(Name of the Business)	

2. I have gone through the rules and conditions of bank Loan under the above scheme and I agree to abide by the rules and conditions.

3.	I certify that I am not a loanee of the Amalgamated Funds, Chennai, and I
have not	received loan previously from any of the banks under Bank Loan Interest
Subsidy S	Scheme, I certify that I have not applied to any other bank for a loan which is
still under	r consideration. I also undertake that till the result of this application is known, I
will not ap	pply to any other Bank.

4.	I	certify	that	I	was/am	reemployed	with
						and	
civil pensio	n of Rs.						

- 5. I also certify that I have not been blacklisted.
- 6. I agree to receive the loan amount from the Bank only after the approval accorded by the Secretary, Amalgamated Funds, Chennai and within 6 months from the date of approval accorded for interest subsidy or else I will forego interest subsidy.
- 7. I have noted that I will forfeit my claim for interest subsidy if I am in continuous default of repayment to the Bank for 3 consecutive months / instalments or if I fail to conduct the business for which the bank loan is obtained.
- 8. I have also noted that I will forfeit the interest subsidy if I do not claim the interest subsidy from the Amalgamated Fund, Chennai with a certificate from the Bank concerned in the prescribed form regarding prompt payment of each instalment with interest on due date and in any case not later than 6 months from the last date of scheduled repayment prescribed by the Bank.

Yours faithfully, Signature of Applicant

FORMAT FOR BANK LOAN INTEREST SUBSIDY SCHEME

(to be sent in DUPLICATE to AMALGAMATED FUNDS)

Part I

(To be filled in by the Bank)

1.	Name and Address of Bank	•••	
2.	No. Rank, Name and Address of Ex-Serviceman to whom Loan is being sanctioned		
3.	Father's name		
4.	Business for which the loan is sought		
5.	Location of business and experience if any in the business		
6.	Amount of loan sought		
7.	Amount of loan sanctioned		
8.	Rate of interest charged by the bank		
9.	Mode of repayment of loan (Enclose scheme of repayment)		
10.	Date of Disbursement of loan		
11.	Date of Commencement of Repayment		
SEAL	:		Signature
Date	:		Manager of the Bank

PART II

Rank:

S/o

1.

Certified that Ex.No.

Name

whose	norticu	lors oro givon bolovy is oligible	under the Dva love of the Amelgameted				
	whose particulars are given below is eligible under the Bye-laws of the Amalgamated Funds to receive a loan under the Bank Loan Interest Subsidy Scheme (BLISS)						
	PARTICULARS OF EXSERVICEMAN						
(a)	Unit						
(b)	(i) (ii)	Date of enrolment State from which enrolled					
(c)	Date o	f discharge					
(d)	Cause	of Discharge					
(e)	Total Service						
(f)	Character						
(g)	Identification marks :-						
	(i)						
	(ii)						
(h)		f birth / Age on nent or Discharge					
(i)	Emplo	yment after discharge					
2.	Certific	ed that the Ex-Serviceman is /	is not a loanee from Amalgamated Funds.				
3. Amalga	Certified that the Ex-Serviceman is / is not a defaulter in repayment of loans from algamated Funds.						

4.	Certified that the Ex-Serviceman is / is not a black listed person.				
5. any ot	Certified that the above Ex-Serviceman has her bank which is still under consideration.	not been recommended for loan to			
File No	0.	Deputy/Assistant Director of Ex-Servicemen's Welfare,			
	CE SEAL	D.S.S. & A Board			
Date	:	District			
	PART III				
	(For use in OFFICE OF THE AMA	LGAMATED FUNDS)			
1					
1.	Confirmation regarding non - availment of loan from other Bankers				
2	Differential interest or independent by				
2.	Differential interest reimbursable by Amalgamated Fund subject to the				
	conditions already communicated				
3.	Approval of amalgamated Fund for				
	sanctioning of the loan by the Bank				
	under BLISS of Amalgamated Fund	•••			
	The Approval accorded will hold good for s loan is not availed by the Ex-Serviceman with atically lapse.				
BLISS	S No.				
OFFIC	CE SEAL :	Secretary, AMALGAMATED FUND Directorate of Ex-servicemen's Welfare, Chennai - 600 003			
Date:	·				

FORM FOR CLAIMING INTEREST SUBSIDY

From

Am. No. Kan Che Sir,	Secretary, algamated Fund 22, Raja Muthia nppar Thidal, nnai - 600 003.	ah Salai,			ha	ave repaid the
	nents on or befo					-
effect is app	oended. I reque	est that the i	nterest subsi	dy due to me	may kindly b	e released
through my	account with the	he Bank, the	details of w	which are give	en below:	
Name and a	address of bank	:				
Place: Date: File No. A	This is to ce	ertify that		BANK	nature of app	to
the instalme	nterest subsidy ents on or befor	e due date a	s indicated b	pelow -	ved has regul	• •
	Amount c	lue	A	mount paid		
	/ Principal					Remarks
1.	2.	3.	4.	5.	6.	7.
Place:				Sig	nature of Ma	nager