

THE KERALA STATE HANDICAPPED PERSONS' WELFARE CORPORATION LTD
Poojappura, Thiruvananthapuram.

FORM FOR SALARY CERTIFICATE

Purpose for being a debtor/surety/guarantor/to Sri/Smt.

Under the

1. Name (in block letters) :
2. Father's /Husband's Name :
3. (a) Whether debtor/surety/guarantor :
(b) If surety/guarantor specify the
relationship with the principal debtor
4. Residential Address: Permanent : Present:

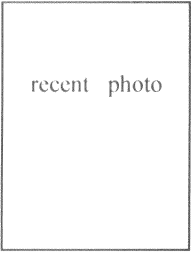
- a) Mobile No :
- b) House Name :
- c) Ward No. & House No. :
- d) Desam :
- e) Panchayat/Municipality :
- f) Lane/Street :
- g) Village :
- h) Taluk :
- i) District :
- j) Post Office with Pin code :

I..... hereby declare that I have no liability to the Kerala State Handicapped Person's Welfare Corporation other than what is stated above. I also declare that the information furnished above is true to the best of my knowledge and belief.

Place:
Date:

Signature:
Name:

EMPLOYEMENT CERTIFICATE



Certified that Sri./Smt. S/o/ D/o/ W/o
 of House
 Desam/Town..... Village
Taluk District now residing at House
 Desam/Town village
 Taluk District who has signed overleaf is Permanent/ Officiating/ acting
 (Designation) in the (Name of Office)

DETAILS OF HIS/HER SERVICE

1. Date of birth and age :
2. Date of entry into service :
3. Date from which continuous service begins :
4. Date of retirement :
5. PEN NUMBER :

DETAILS OF SALARY

1. SCALE OF PAY : Rs
2. (a) EARNINGS : (b) DEDUCTIONS

<ol style="list-style-type: none"> 1. (a). Basic Pay Rs..... (b) Personal Pay Rs..... 2. Dearness Allowance Rs..... 3. H.R.A Rs..... 4. City Compensatory Allowance Rs..... 5. Other Allowance (specify) <ol style="list-style-type: none"> i) Rs..... ii)..... Rs..... 	<ol style="list-style-type: none"> 1. Provident Fund Rs..... 2. Life insurance Premium Rs..... 3. Income tax Rs..... 4. House Loan Rs..... 5. Festival Advance Rs 6. Other Recoveries (Specify) <ol style="list-style-type: none"> i) Rs..... ii) Rs..... iii) Rs..... iv) Rs.....
Total 2(a) Rs.....	Total 2(b) Rs.....
3. NET SALARY (Total 2(a) – Total 2 (b)) Rs.....

Place:
Date:

(Office Seal)

Signature:
Name & Designation of the Head
of Office/Drawing Officer

AGREEMENT FOR RECOVERY FROM SALARY

I (Name, Designation, Office & Department) hereby agree that in case of default of payment of monthly installments in Loan availed by me/Corporation, recoveries of such amount as may be fixed by the Corporation from time to time may be made from my salary at source.

I agree to effect the above recoveries.
(Signature of the **Employee** with date)

Place:
Date:

(Office Seal)

Signature:
Name & Designation of the Head
of Office/Drawing Officer:
Office Phone No:
With STD Code:
Pincode :

Note : Gazetted Officers who draw their pay direct from the treasuries can sign the above certificates themselves quoting the Audit number and name of treasury and get the signature attested by their immediate Superior Officer.

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