

Voucher No. \_\_\_\_\_ Membership No. \_\_\_\_\_ Date \_\_\_\_\_ 201

**National Insurance Employees' Co-operative Credit & Banking Society Ltd.**

DEBIT \_\_\_\_\_ MEDICAL ADVANCE \_\_\_\_\_ A/C.

To

Treasurer,

Please pay to Sri /Smt. \_\_\_\_\_

the sum of Rupees \_\_\_\_\_

being the amount of Medical Advance granted to him for \_\_\_\_\_

to be repaid in \_\_\_\_\_ monthly instalments as per application dated \_\_\_\_\_

₹ \_\_\_\_\_

Authorised

Received Payment

Secretary

\_\_\_\_\_  
(Signature in full)

No.....

## APPLICATION FOR MEDICAL ADVANCE

The Committee of Management,

Date.....201.....

**National Insurance Employees' Co-operative Credit & Banking Society Ltd.**

7, COUNCIL HOUSE STREET, KOLKATA - 700 001

Dear Sirs,

I .....beg to apply for a Medical Advance of  
( in Block Letters )

Rs.....(in words) Rupees .....

.....only from the Society to be spent for .....

and to be repaid in ..... equal monthly instalment (EMI)

My substantive (basic) pay is Rs. ....and D. A Rs.....per month and the same is NOT under attachment by a Civil Court .

My present age is .....years and .....months and my service is .....years and .....months.

I undertake to repay the aforesaid advance with interest in .....monthly instalment and such instalments shall be realised by deduction from my salary alongwith other dues of the Society as usual at the rate of intrest prevailing in the bank.

The name of my legal heir is Sri/Sm. ....

Relationship .....

The following members of the Society will stand as my Sureties :-

1. Sri / Sm ..... 2. Sri / Sm. ....

I solemnly declare that the above statements are true to the best of my knowledge and belief.

Yours faithfully,

Membership No. ....

.....  
(Signature of Member in full)

S. R. No. ....

Department .....

Designation .....

Present Office .....

**Note : Application should be submitted duly completed in all respects. Any incomplete Application is liable for defrment or rejection.**

I agree to stand surety for the Medical Advance applied for as overleaf and I declare that my pay is not under attachment by a Civil Court nor there is any case pending against me in any Court for my indebtedness.

I agree to stand surety for the Medical Advance applied for as overleaf and I declare that my pay is not under attachment by a Civil Court nor there is any case pending against me in any Court for my indebtedness.

Signature of the Surety in full

Signature of the Surety in full

Membership No.....  
S.R. No. ....  
Year of Service .....  
Salary inclusive of Allowance Rs. ....  
Age .....

Membership No.....  
S.R. No. ....  
Year of Service .....  
Salary inclusive of Allowance Rs. ....  
Age .....

### OFFICE NOTES

1. Previous Medical Advance, if any
2. How many times Medical Advance taken during the financial year.
3. How many times Advance admissible
4. Balance outstanding in respect of the last Medical Advance
5. Remarks, if any

Rs. ....

Rs. ....

Rs. ....

Accountant / Manager

Put up before the meeting	Medical Advance Sanctioned for Rs. .... only to be recovered in .....monthly instalments as per application of the member. at a rate of interest.....						Remarks
Secretary/Manager	Chairman						Secretary / Chairman / Manager
Deduction	Rs.	P.	Rs.	P.	Rs.	P.	
Medical Advance o/s							
Interest on Medical Advance							
Sale of Forms			Less Rs.	...	...	...	
			Pay Rs.				in Cash by Cheque

Accountant / Manager

Secretary / Manager

# BOND

No. ....

Entered in Page ..... of the Loan Ledger

I, Sri / Smt. .... a member of National Insurance Employees' Co-operative Credit & Banking Society Ltd., Kolkata, (Registered under the West Bengal Co-operative Societies Act of 1973) son / daughter/wife of ..... Village ..... Post Office ..... Thana ..... District ..... and my present address is .....

..... hereby acknowledge that subject to the Bye-laws of the Society, I have received from the said Society a sum of Rs..... (in words) Rupees..... only as Medical Advance against my application dated.....

I undertake to pay interest on this Medical Advance or such portion of it as may remain unpaid from this date at ..... present per annum and to repay this Medical Advance with interest in ..... monthly instalments in accordance with the Medical Advance rules and the Bye laws of the Society, whenever shall be called upon to do so.

If I fail to pay interest or any instalments of Principal on the due date overdue interest will be compounded and the whole Medical Advance with interest shall become immediately due and payable.

I further agree that the Medical Advance shall be spent for ..... within one month from the date. If the Medical Advance is not so applied, I undertake to repay the money with interest together with such of additional interest as may be levied in accordance with the Bye-laws and Rules & Regulations.

I authorise the Society to arrange for the recovery of the Medical Advance with interest thereon from my pay or leave salary and also authorise my Disbursing Officer to deduct the monthly instalments of the Medical Advance as shown in the the Recovery list prepared by the Society from my pay or leave salary.

In case of cessation of my service, I authorise the Society to arrange for the recovery of the outstanding Medical Advance with interest, if there be any, from the amount of Retiring Gratuity and Death Gratuity. Further I authorise the Disbursing Officer concerned of the Life Insurance Corporation of India/ National Insurance Co. Ltd. /New India Assurance Co. Ltd. .... to deduct the amount outstanding Medical Advance with interest thereon from my said account while settling the same in compliance with Sec. 59 of W.B. Co-operative Society Act 2006.

I execute this BOND and agree to abide by the conditions above, which are also applicable to my successors, Legal heirs and assignees.

Signature .....

Present Office.....

Department.....

S. R. No. ....

Membership No. ....

Date of Execut of Bond .....

I / We hereby agree to be Sureties for above mentioned Medical Advance and to be jointly and severally liable for (1) its repayment with interest and any cost incurred for collection and (2) for its employment in accordance with the purpose mentioned in the BOND.

1. { Signature -  
Membership No.-  
Designation -  
Father's Name -

3. { Signature-  
Membership No. -  
Designation -  
Father's Name -

2. { Signature-  
Membership No.-  
Designation -  
Father's Name -

The money is paid in my presence on.....

Signature -

Membership No. -

**The Officer-in-charge**  
**Life Insurance Corporation of India**

Dated.....201.....

Through the Secretary  
**National Insurance Employees' Co-operative**  
**Credit & Banking Society Ltd.,**

Dear Sir,

I beg to inform you that I have taken Medical Advance of Rs. ....(Rupees..... only) from National Insurance Employees' Co-operative Credit & Banking Society Ltd. on a written contract that the said Medical Advance along with interest will be repaid in .....monthly instalments from my salary and any overdues will be recovered from my Salary, leave salary and gratuity as per bank's norms.

I shall be thankful if you kindly arrange to deduct from my salary such instalments as will appear in the monthly recovery list prepared by the said Society and remit the amount so deducted to the Society in due course in compliance with sec. 59 of W.B. Co operative Society Act 2006 as amended in 2013.

Yours faithfully,

.....  
Full Signature of Member

Membership No. ....Office.....

S. R. No. ....Dept.....

Forwarded to the Officer - in-charge, Life

Insurance Corporation of India.....

.....  
Full Signature of Witness

for favour of information and necessary action  
as per provisions under Sec. 59 of the W.B.  
Co-operative Societies Act, 2006

S. R. No. ....

Office.....

Membership No. ....

Secretary