

FORM 'A'

(FORM OF APPLICATION FOR LOAN FROM WELFARE FUND)

1. Name of Officer/Official
2. Rank & Designation
3. Date of appointment in the Deptt.
4. Date of retirement.
5. Date of becoming member of the Welfare Fund.
6. Whether monthly subscription
is being paid regularly or not.
7. Purpose for which loan is required (see Rule 8.1 of
H.P. Prison Welfare Fund Rules-2016)
8. Have you ever taken any loan
earlier from Welfare Fund? If so,
- i) Amount of loan last taken.
- ii) Purpose of loan.
- iii) Date of last recovery/ installment.
9. Amount of loan required.
10. Whether loan from G.P.F.
Applied from the purpose or not.
If so, mention the amount.

Certified that the above information is correct and I undertake to refund the entire amount of loan in 24 equal installments so fixed before m retirement. I also undertake to pay interest @ 12% on the entire balance amount in case I fail to pay monthly installment regularly.

.....

Signature of the applicant

Date:.....

and place of posting.

(TO BE FILLED/CHECKED BY THE OFFICE)

The above particulars have checked/verified and found correct.

.....

Signature of Accountant

(TO BE FILLED BY SANCTIONING AUTHORITY)

An amount of Rs..... is sanctioned in favour
of..... for (Purpose)..... and
monthly installment @ Rs..... P.M. is fixed.

Signature of President
Central/Unit Welfare Committee,

Form 'B'**MONTHLY STATEMENT SHOWING INCOME AND EXPENDITURE OF
DISTT./UNIT WELFARE FUND FOR THE MONTH OF.....****RECEIPT****EXPENDITURE**

Opening Balance 1	Total Monthly subscription collected 2	Total amount recovered from the loanees	Amount received from Central Welfare Fund 4	Interest on Saving Account 5	Total Column 1 to 5 6	Total amount of loan paid 7

BALANCE

25% share remitted to C.W.F 8	Amount of other expenditure made 9	Total Column 7 to 9 10	Balance Col. 6(-) 10 11	Amount as per Saving Bank Account 12	Reasons for variation Col. 11 & 12 13	Total amount of loan outstanding from the loanees. 14

ANNEXURE “A”

PRISON DEPARTMENT

UNIT

DETAILS OF MONTHLY EXPENDITURE MADE DURING THE MONTH OF.....

LOAN SANCTIONED

NUMBER OF INSTALLMENT

Sr. No.	Name & Rank to Officer/Official	Amount Sanctioned	Purpose of Loan	Number	Amount
1	2	3	4	5	6

ANNEXURE “B”

PRISON DEPARTMENT.

UNIT

DETAILS OF MONTHLY EXPENDITURE (OTHER THAN THE AMOUNT SHOWN IN ANNEXURE ‘A’) FOR THE MONTH OF.....

ITEM PURCHASED

Sr. No.	Quantity	Rate	Amount	Description of item purchased.	Justification for the purpose.
1	2	3	4	5	6