Loan Form (Updated on 20.08.2021)
(In the case of Online Filling, Press Ctrl + S to save the form & no need for the signature.)

Section 1:				
Employee Name:			Employee Code:	
Designation:			Department:	
Date of Joining:			Contact No.:	
Requested Loan Amount	: (In INR):		Oate:	
Purpose for	Loan	Loan Amount (In INR)	Repayment Duration (In Months)	EMI Amount (In INR)
		- 1	Employee Signature:	
• After filling, pled	ase send this form	to Section 2.		
<u>Section 2: Concer</u>	n HOD:			
Approved	Disapprove	ed		
If disapproved, plea	se give it back to th	ne originator.	7	
It is certified that th	e above loan is for	genuine need.		
Name:		Dep	 artment:	
Signature:		Date	e:	
Forward/ Handov	er the form to Sec	tion 3A.		
Section 3A: HR De	<mark>partment:</mark>			
Full & Final (F&F) Value	on Current date:			
Eligible Amount (As per I	Loan Policy):			
1. I have checked that	the eligible amour	nt is within the lim	nit as per the policy.	
2. If eligibility is less than the asked amount, inform the employee and if he is OKAY with new				
eligibility then get a	new monthly repa	yment plan.		
3. New loan amount a	nd repayment plar	n:		
Loan Amount (In INR)	• •	ment Duration ear/ Months)	EMI Aı (In I	mount NR)
4. It is verified & appr	oved to disburse th	ne following amou	unt to the concerned emp	oloyee.
Final Amount:				
Name:	Si	gnature:	Date:	
• Forward/ Hando	over the form to Se	ection 3B or S	Section 4 as applicable.	$\neg$

Section 3B: Management	: (For HR Head Only):	
Approved D	isapproved	
If disapproved, please give it	back to the originator.	
Remark (if any):	<del></del>	
Name:	Signature:	Date:
<ul> <li>Please forward this form</li> </ul>	to Section 4.	
Section 4- Accounts Dep	<mark>artment:</mark>	
1. Check that he has not taken	loans more than once in last five	years, if so, please send the
form back to the originator.		
2. Check previous approvals.		
3. Disburse the approved amou	nt mentioned in point 4 of Section	1 3A.
4. Mark the repayment plan in	this sheet and also inform HR for n	nonthly debit.
5. Repayments:		
Month	EMI	Total Debt
Name:	Signature:	Date: