

UNIVERSITY OF COLOMBO

APPLICATION FOR LOAN FROM THE UNIVERSITY PROVIDENT FUND

Emp No:.....

Loan No :

1. Name in Full :
2. Date of Birth :
3. N.I.C. No :
4. Permanent Address :
5. Place of Work (Dept & Faculty) :
6. Present Post :
7. Nature of Appointment : Permanent / Temporary / Casual :
 - a. Whether confirmed in the Post :
8. Date of Appointment :
9. University Provident Fund Number :
10. Balance in the Provident Fund as at 31st December of the Previous Year : Rs.
11. Present Salary : Rs.
12. Amount of loan required : Rs
13. Purpose for which the loan is required :
14. Contribute to Pension Fund : Yes / No
15. Submit a Guarantor: Yes / No
16. Bond details on behalf of other employees.

(i) Nature of the Bond

(ii) Bond Value

17. Bond signed by the applicant with the University.

If yes value of the bond / revised bond Rs.

18. Statement by the Applicant

I have read the University Grants Commission Circular No. 362 dated 04th April 1988 on the Payment of Loan from the Universities Provident Fund and I am aware of the conditions under which the loan is granted.

I am also aware that the loan that will be given to me is secured against the balance lying to my credit in the Universities Provident Fund.

In the event of my ceasing to be employed in the university for whatever reasons, I hereby authorize the Registrar of the University and the Secretary of the University Grants Commission to deduct the balance (Capital plus interest accrued upto the date of settlement of the loan) unpaid on my loan before the provident fund is refunded to me.

In the event of my death before ceasing to be employed or in the event of death after ceasing to be employed but before the Provident Fund is refunded, I hereby authorize the Registrar of the University and the Secretary, University Grants Commission to deduct the balance (capital plus interest accrued upto the date of settlement of the loan) unpaid on my loan before the Provident Fund is refunded to my heirs.

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Signature of Applicant.

Witness to signature :

Name :

Date :

*****Witness should be the Head of the Department / Unit.**

FOR OFFICE USE

(A) To be filled in by the Establishment Division

The statements given in sections 1,2,3,4,5,6,7,8,9, 11, 16 & 17 are certified as correct.

- Duty assumption date by completing the foreign leave –

Date :

.....
Subject Clerk

Date :

.....
Senior Assistant Registrar / Establishment