

EMPLOYMENT AND SALARY CERTIFICATE

Issued for the purpose of being a debtor /guarantor/surety to Shri./Smt.....
 under the
 scheme of the

KERALA STATE MINORITIES DEVELOPMENT FINANCE CORPORATION LTD, Kozhikode.

Name of Employee									
Father's Name									
Name Of Husband / Wife									
Designation									
Official Address									
						Pin code:			
Phone Number		Office:				Resi:			
Present Residential Address:									
						Pin code:			
		Village				Taluk			
Permanent Residential Address:									
						Pin code:			
		Village				Taluk			
Scale of Pay									
Date of Birth									
Date of Joining									
Continuous service begins from									
Date of Retirement									
Whether Permanent /Temporary/Acting or Officiating Employee:									

PARTICULARS OF SALARY

Earnings		Deductions	
Basic pay		Provident Fund	
Dearness Allowance		PF Loan	
HRA		SLIC/ Group Insurance	
CCA		Income Tax	
Other Allowances		House Loan	
(a)		LIC	
(b)		Advance ()	
(c)		Other Recoveries	
GROSS SALARY (A)		TOTAL RECOVERY (B)	
		NET SALARY (A-B)	

Number of salary certificates (other than this) issued to the employee
 to stand as a guarantor to KSMDFC Loans :.....

I (Name of the Drawing /Disbursing Officer) declare
 that I am competent to issue the certificate. I hereby certify that the information given above are correct
 as per his/her service records and also certify that there is no court attachment / co-operative recovery
 from the pay of the employee at present.

Signature

(Office Seal)

Name/Designation of Drawing /Disbursing Officer

Place:

Date:

UNDERTAKING GIVEN TO KSMDFC BY THE EMPLOYEE

I, _____ (Name, Designation, Office and Department) hereby undertake and agree to deduct or recover the amount in case of default of payment of dues to the KSMDFC in respect of loan availed by Shri./Smt. _____ and recoveries of such amounts as may be fixed and demanded by the KSMDFC from time to time from my monthly salary.

I am also giving my consent to the KSMDFC to deduct any amount due to KSMDFC from my terminal and or other benefits, and my gratuity in case the situation demands so.

Date : _____ Name and Signature of the Employee

Place :

UNDERTAKING OF THE PAY DISBURSING OFFICER

I agree to effect the above recoveries from the monthly salary and also from the terminal and other benefits of Sri./Smt. _____ and pass on the same to the KSMDFC in time.

Date : _____ Name, Designation and Signature
(Office Seal) Of the Disbursing Office /Drawing Officer

Place :

(This portion is applicable to Self Drawing Officer's only)

Note: (1) If the Officer is a Self drawing Officer /Gazetted Officer, he/she can himself/herself issue the certificate. In that case mention the details of :

AuditNo. : _____
SDO Code : _____
Name of Treasury : _____

Note: (2) Also the signature of the SDO/Gazetted Officer shall be attested by his Senior Officer.

Signature of Shri/Smt. _____ is attested by me.

Place : _____ Signature
(Office Seal) Name/Designation of Senior Officer

Date :