

# APPLICATION FOR EMERGENCY MEDICAL LOAN

The Convenor, Scrutiny Committee  
J.U employees' Co-operative Credit Society Ltd.  
Emergency Medical Benefit Fund

BANK.....  
BRANCH.....  
A/CNO.....  
IFSC NO.....

Dear Sir,

I/We on behalf of Sri/Smt.....  
Regd. No..... a member of the J.U. Employee Co-operative Credit Society Ltd. Beg to  
apply for a loan of Rs..... (Rupees .....)  
only to meet immediate expenses for my/his/her medical treatment subject to the bye-laws of the above fund  
to be repaid in 12 equal monthly instalments from the salary with an interest @2% p.a. starting from the  
second month from the date of loan received. If the application of loan is not approved for any reason by the  
Scrutiny Committee, the said amount will be refunded by me/us in two equal instalments at the existing rate  
of interest of the Co-operative Credit Society. I/We will submit the declaration in prescribed form stating  
receipt of the money within seven days from the date of its receipt

Yours faithfully

1) Name.....

Regd. No.....

Full Signature of sick member

2) Name.....

Regd. No.....

Regd. No.....

Signature of members on behalf of sick member

Date.....

Recommend by

Secretary / Chairman

Received Rs..... (Rupees.....)only  
From J.U. Employees Co-operative Credit Society Ltd. Emergency Medical Benefit fund as payment of  
Loan (Emergency Medical Expenses)

Full signature of sick member  
On behalf of sick member

# DECLARATION

Received Rs..... (Rupees.....) Only  
from Secretary / Chairman J.U.E.C.C.S.Ltd, Emergency Medical Benefit Fund through

i) Sri / Smt..... Regd. No.....

ii) Sri /Smt..... Regd. No.....

Towards my immediate expenses for Medical Treatment subject to the byelaws of the above fund and I am executing the BOND for the purpose along with attested Xerox copy of the relevant documents regarding medical expenses so far made prescriptions etc. from Physician, Nursing Home or Hospital.

By Cheque No.....

Dated.....

On.....

Date.....

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Signature or L.T.I of the recipient  
(L.T.I. to be attested)

## BOND

The Jadavpur University Employees' Co-operative Credit Society Ltd.  
EMERGENCY MEDICAL BENEFIT FUND  
JADAVPUR UNIVERSITY, CALCUTTA – 700032  
(Registered under Bengal Co-operatives Act, 1940)

I, ..... a member of the above-named Society has this ..... day of ..... 19..... received, subject to the bye-laws of the Society, a loan of Rs..... (Rupees.....) bearing interest of the rate of 2% per annum as determined by the Managing Committee of the of the Society which I hereby undertake to repay in full by ..... 12..... equal monthly instalments, commencing from the next month, of Rs..... with interest due thereon, each instalment being payable on or before the 10<sup>th</sup> of each month.

If I fail to pay interest or any instalment of the principal on the due date or if I am expelled from the society or otherwise cease to be a member thereof, the whole loan with interest shall become immediately due and payable at the option of the society.

I further agree that the loan will be expended on (My Medical Treatment)

If it is not so applied, I undertake to repay the money with interest as may be levied in accordance with the bye-laws. I authorise the above-named Society to recover the monthly instalment together with interest and other dues every month from my pay or leave salary as the case may be till this loan is repaid in full. I agree that dues of the Society shall be treated as secured debt and shall have first charge on my salary subject to the debt due to the State.

Under the above conditions, I execute this bond after having duly received the full sum.

Dated, the.....

.....  
(Signature in full of Borrower)

Agreed to stand as sureties for repayment of above mentioned loan on behalf of sick Borrower in case it is not received from him

Full Signature.....

Regd. No.....

Full Signature.....

Regd. No.....

**N.B: Xerox copy of Hospital Admission Receipt, Xerox copy of Pay Slip**