

Schedule 27: SALARY ADVANCE REQUEST FORM

Personal Details

- 1. Full Name :
- 2. Employee ID No. :
- 3. Citizenship ID No. :
- 4. Grade :
- 5. Designation :
- 6. Office attached :
- 7. Date of Joining Service :
- 8. Amount Requested for Nu. :

I, hereby confirm that the above particulars are correct. If the said advance is sanctioned, I authorize the concerned NHDC office to recover the amount from my next salary bill. In the event of default on my part or leaving my present service or in any other exigencies, if the salary advance is still unpaid, I give my unqualified consent to the NHDC Management to adjust the amount outstanding against me from the post retirement benefits payable to me/or any other amount due for me.

Name/Signature of applicant

RECOMMENDATION BY THE CONTROLLING OFFICER

I, hereby confirm that the mentioned particulars of Mr / Mrs / Miss..... of this office are correct, and therefore recommend for sanction of the salary advance, as requested by the applicant.

Signature of the Controlling Officer

Name

Designation and Office seal