

1.Type of the loan (INSERT "X" IN RELEVANT CAGE)

Loan No :									
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Distress Loan ☐ **Transport Loan** ☐ **Computer Loan** ☐ **Staff Loan** ☐

Do you apply this loan for the First time? Yes ☐ No ☐

i. Full Name: (Rev/Prof/Dr/Mr/Ms)

ii. (a) NIC No:

 (b) Provident Fund No:

iii. (a) Date of Birth:

D	D	M	M	Y	Y	Y	Y
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 (b) Age :

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iv. Address : (a) Temporary:

(b) Permanent:

[illegible][illegible]

(d) E-mail :

v. (a) Designation : (b) Date of first Appointment :

D	D	M	M	Y	Y	Y	Y
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(c) Place of work : (1) Department/section:

(2) Faculty :

(d) Confirmed in the post: Yes/No (e) Still in the Probation period: Yes/No

(a) University/Campus/Institute :

(b) Place of work :

(c) Date of transferred :

(d) Loans granted by University/Campus/Institute :

Distress Loan ☐ Transport Loan ☐ Computer Loan ☐ Staff Loan ☐

i. Marital status: Single ☐ Married ☐ Other ☐

ii. (a) Name of the Spouse: (b) Designation:

(c) Place of Work : (d) Basic Salary :

iii. Names and relationships of dependents of the applicant:

Name of the Dependent	Relationship	Name of the Dependent	Relationship

4. Details of Loan applying

- i. Reason for applying the loan :
- ii. Expected amount : Rs.

5. Details of proposed guarantors

- i. Name of the guarantor:
- ii. Designation: ii. Provident Fund No :

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- iv. Faculty : v. Department/Section:

6. Details of proof documents

- i.
- ii.

7. Other outstanding loan balances

	Type of loan	Date of obtained	Amount (Rs.)	Outstanding balance as at the date applying for the loan (Rs.)
1.	Distress Loan			
2.	Provident Fund Loan			
3.	Transport Loan			
4.	Computer Loan			
5.	Staff Loan			

8. Applicant's Liabilities as a guarantor

	Name of the creditor	P/ Fund No	Type of loan	Date of guaranteed	Amount(Rs.)
1.					
2.					
3.					

I do hereby declare that, the foregoing statement is true, accurate and complete in all respects and is made with the indent that it by relied upon by the University of Sri Lanka in granting me a loan in terms of the Provisions of the Supply and Finance Circular No. 40 of 15.11.1974.

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Signature of the Applicant

.....
Date

9. For office use only

Certification: (Academic/ Non-Academic Establishment Division)

I hereby, certify that the details stated in the “ **Section 2**” are true and accurate as per the records maintain in the Academic/ Non-Academic Establishment Division of the University.

.....
Assistant/ Senior Assistant/ Deputy Registrar

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Date