

Photograph of the applicant

To

Branch Manager

Indian Bank

..... Branch

Sir

### Application for Personal Loan to Salaried Class Customers.

I hereby apply for a Personal Loan for Rs. .... repayable in ..... Equated Monthly Instalments of Rs. .... beginning from ..... for the purpose of :

% Meeting Educational expenditure of my family member.

% Home furnishing and other household expenses.

% Meet Medical / Marriage expenses of Self/family members.

% Others (Please specify)

% Celebrating family function.

Please complete all the columns and ; wherever applicable

|                                                                                |                  |                                   |                   |                        |
|--------------------------------------------------------------------------------|------------------|-----------------------------------|-------------------|------------------------|
| 1. Name of the applicant (In Block Letters)                                    |                  |                                   |                   |                        |
| 2. Date of Birth and Age                                                       |                  |                                   |                   |                        |
| 3. Residential Address                                                         |                  |                                   |                   |                        |
| Present                                                                        |                  | Permanent                         |                   |                        |
|                                                                                |                  |                                   |                   |                        |
| Ph: .....                                                                      |                  | Ph: .....                         |                   |                        |
| 4. Marital Status % Married % Unmarried                                        |                  |                                   |                   |                        |
| 5. Names of family members                                                     |                  |                                   |                   |                        |
|                                                                                |                  |                                   |                   |                        |
|                                                                                |                  |                                   |                   |                        |
| 6 Employment Particulars                                                       |                  |                                   |                   |                        |
| Name of Employer                                                               | Designation      | Date of joining                   | Whether confirmed | Due date of Retirement |
|                                                                                |                  |                                   |                   |                        |
| 7. Office Address with Phone No. ....                                          |                  |                                   |                   |                        |
|                                                                                |                  |                                   |                   |                        |
| 8. Salary Particulars (Salary Certificate from the Employer is to be enclosed) |                  |                                   |                   |                        |
| Gross Salary                                                                   | Total Deductions | Net Salary                        |                   |                        |
|                                                                                |                  |                                   |                   |                        |
| 9. If Income Tax Assessee, Permanent A/c No.:                                  |                  |                                   |                   |                        |
|                                                                                |                  |                                   |                   |                        |
| 10. Name of Spouse                                                             |                  | 11. Is Spouse Employed % No % Yes |                   |                        |

Signature of the Manager