



ANDAMAN & NICOBAR STATE COOPERATIVE BANK LTD.,
PORT BLAIR

Application No:.....& Date of Issue.....

with receipt payment of Rs. 25/-

For Salaried Applicant and others (pensioners), etc

Check List

CATEGORY

MEDICAL TREATMENT LOAN

1. Name of the Applicant :
2. Age :
3. Name of Father/Husband :
4. Address of the Applicant :
 - a. Door No:.....St. No.....
 - b. W.No..... Tehsil.....
 - c. Dist:.....
 - d. Residence :
 - e. Office :
5. Type of accounts & Balance :
6. Account Number :
7. Date of opening :
8. Monthly Income & Deductions :
 - a. Husband
 - b. Wife
9. a. Name & address of the Employer. :
 - b. Applicant's designation/position in the employer's organization & period since when employed & date of retirement :

- c.Amount of loan applied for :
 - d.Repayment capacity :
 - e.Nature & value of securities offered(TDs,RIS,RDs,NSCs etc) :
 - 10. Insurance policy Nos.(If any) :
 - a. Amount of policy :
 - b. Date of maturity :
 - c. Assigned in favor of :
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DOCUMENTS REQUIRED

- 1.Salary certificate from employer.
- 2.DDO undertaking.
- 3.TDS certificate (Form 16).
- 4.Bank account statements for last 6 months.
- 5.Irrevocable letter of authority for deduction from salary (if applicable).
- 6.Confirmation letter from employer (if applicable).
- 7.Photographs (2 nos.) of applicant.
- 8.Proof of identity/Voter ID, Driving licence / PAN card, Passport/Islanders card.
- 9.Proof of residence (Tel.Electric Bill Property Tax receipt).
- 10.Copy of last premium receipt (if any).
- 11. A certificate from Superintendent, G.B.Pant Hospital, Port Blair for advance treatment in mainland or any other recognized medical institute referring the case.

WHERE MORTGAGE OF LANDED PROPERTY REQUIRED

- 12.Letter of allotment from society/license sale deed (As applicable).
 - 13.Valuation certificate of land/house
 - 14.Khatuni slip Patta Record entry map.
 - 15.Revenue sketch map from the Patwari
 - 16.Latest Non-encumbrance and no-dues certificate from the Tehsildar.
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Acknowledgement by the Authorised Office

The application No:.....from Shri/Smti.....
Received on dated.....by Shri/Smti.....
Designation.....

Dated:

Signature of
Authorised Officer,
A&N State Coop. Bank Ltd.