**Salary Advance Request Form**

**Personal Details**

1. Full Name:

2. Employee 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 CDCL office to recover the amount within the current fiscal year. 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 CDCL management to adjust the amount outstanding against me from the post-retirement ben­efits payable to me/or any other amount due to 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**