

**SALARY ADVANCE REQUEST FORM**

**Personal details**

- 1. Full name :
- 2. Employee ID No. :
- 3. Employee CID No. :
- 4. Position Level/Grade :
- 5. Position Title :
- 6. Division/Department :
- 7. Date of appointment :
- 8. Type of employment :
- 9. Contract period :
- 10. Advance outstanding :

I would like to request for Salary Advance of Nu..... for .....

.....

If the said advance is sanctioned, I authorize the concerned SMCL office to recover the stipulated monthly installments from my salary advance amount is fully liquidated within the financial 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 mu unqualified consent to the SMCL management to adjust the amount outstanding against me from post retirement benefits payable to me/ any other amount due for me. Mr/Mrs /Miss.....has agreed to stand as surety for me.

**Particulars of surety**

- 1. Name :
- 2. Employee ID No. :
- 3. Employee CID No. :
- 4. Position Title :
- 5. Position Level/Grade :
- 6. Division/Department :

I , do hereby undertake to repay the salary advance outstanding in the event of non-recovery of advance from Mr/Mrs/Miss..... who is known to me.

.....  
Name & Signature of Applicant  
Contact No: .....  
e-mail:.....  
Date:.....

.....  
Name & Signature of Guarantor  
Contact No:.....  
e-mail:.....  
Date:.....

**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 Controlling Officer

Name:.....

Position Title:.....

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**Approved/Not Approved by the Competent Authority (as per DOP)**

(.....)

**Name and signature of approving officer**

**Date:**