



UNION HEALTH APPLICATION FORM

<p>AFFIX RECENT PHOTOGRAPH OF APPLICANT WITH SIGNATURE</p>	<p>1. Please write or type in Block Letters. 2. Put a tick mark against appropriate item. 3. Ensure that all information is correctly filled in. If any detail is not applicable, please write "N.A". 4. Enclose all required supporting documents and project report.</p>
<p>Purpose of Loan: _____ Loan Amt.: _____</p>	

PERSONAL AND EMPLOYMENT DETAILS

Name	Surname	First Name	Middle Name
Current Residential Address			
	Phone No.	E-mail (if any) -	
Date of Birth (ddmmyy)	_____ Age: _____ Yrs	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	
Number of dependants	Children -	Others -	
Status	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident	
Qualification	MBBS / MD / Other (please specify)		
Occupation	<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed	

EMPLOYMENT RECORD – FOR SALARIED / SELF EMPLOYED

Name of the Employer			
Company / Firm Address (Please mention the address of the office you are based at)			
Designation	Department / Section :		
No. of year in Current Employment business	Years :	Employee No.	Income Tax Permanent a/c no.(PAN) :
Office phone No.	Ext. (if any) :	Fax:	
Monthly Income	Rs	Date of Salary Receipt:	
Other Income	Rs		
No. of yrs in present occ.	_____ Yrs	Retirement Age:	_____ Yrs

FINANCIAL INFORMATION

Savings, Investments Etc.			Loans Taken / Proposed																																			
Particulars	Applicant (Rs)	Co-applicant (Rs)	(Rs)	(Rs)	(months)																																	
Savings in Bank	_____	_____																																				
Immovable property (specify) _____																																						
Current balance in Provident Fund (your share)	_____																																					
Other Assets (specify)																																						
1. _____	_____	_____																																				
2. _____	_____	_____																																				
LIC Policy(ies)	_____	_____																																				
Postal Life Insurance Policy(ies) Amount	_____	_____																																				
Maturity Dates	_____	_____																																				
			<p>Please indicate below all loans taken / proposed from employer, Provident Fund etc., and installment(s) payable per month including interest against each loan.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Source Of Loan</th> <th style="width: 15%;">Outstanding Amount</th> <th style="width: 15%;">Monthly Installment Payable</th> <th style="width: 15%;">Term</th> </tr> </thead> <tbody> <tr> <td>Employer</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Provident Fund</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Credit Society</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Others (specify)</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				Source Of Loan	Outstanding Amount	Monthly Installment Payable	Term	Employer	_____	_____	_____	Provident Fund	_____	_____	_____	Credit Society	_____	_____	_____	Others (specify)	_____	_____	_____												
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BANK ACCOUNT DETAILS			
Name of the Account Holder	Name of the Bank & branch	Year a/c opened	Account No.
GENERAL [APPLICABLE TO APPLICANT AND CO-APPLICANT (IF ANY)]			
1. Have you or your spouse earlier applied to UBI for a loan ? If yes a) Loan a/c no. _____ b) Other details _____ 2. Have you or your spouse given Personal Guarantee(s) ? If yes, a) On behalf of _____ b) Name of the organisation _____ c) Amount _____	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3. What other security will you be able to provide _____ 4. Please select the mode of repayment convenient to you: Tick (✓) against the appropriate box. a) Deduction of monthly installment By your employer <input type="checkbox"/> b) Post dated cheques <input type="checkbox"/> c) Standing instructions to bankers <input type="checkbox"/> d) Any other (please specify) _____ Not applicable for employed applicants, whose employers have a deduction at source arrangement with UBI?	Are you a citizen(s) of India? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you belong to <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> NA Do you have any Credit Cards? Yes / No If Yes, Card No.: _____ Issuers name: _____
REFERENCES (NAMES AND ADDRESSES OF TWO REFEREES WHO ARE NOT RELATED TO YOU)			
UBI may make such enquiries from the referees if it deems necessary.	1.	2.	
Phone	Off:	Off:	
	Res:	Res:	
DECLARATION			
<p>I / We declare that all the particulars and information given in the application form are true, correct and they shall form the basis of any loan UBI may decide to grant me / us. I / We confirm that I / We have had no insolvency proceedings against me / us nor have I / We ever been adjudicated insolvent and further confirm that I / We have read the brochure and understood the contents. I / We am / are aware that the Equated Monthly Installment comprising principal and interest is calculated on the basis of quarterly rests. I / We agree that UBI may take up such references and make such enquiries in respect of this application, as it may deem necessary. I / We undertake to inform UBI regarding any change in my / our occupation / employment and to provide any further information that you may require. I / We also undertake to authorise my / our employer(s) to deduct Equated Monthly Installments from my / our salary and remit the same to UBI directly every month. UBI may make available any information contained in this form, other documents submitted to UBI and information pertaining to the loan to any institution or body. UBI may seek / receive information from any source / person to consider this application. I / We further agree that my / our loan shall be governed by rules of UBI which may be in force from time to time.</p>			
Applicant's Signature			
FOR OFFICE USE ONLY			
All the documents obtained as per scheme, verified with original (wherever applicable) and found to be in order			
(Signature & name of processing officer) SANCTIONED / DECLINED			
(Signature & name of sanctioning authority)			