

Uva Wellassa University of Sri Lanka

Application For Loan From University Provident Fund

Employee No NIC No Loan No

1. Name in Full (Mr./Mrs./Miss.):
2. Date of Birth: Age in Years:..... Months:
3. Residence Address:
4. Place of Work (Faculty/ Department/ Division):
5. Current Designation:
6. Employment Status (Permeant/ Temporary/ Casual):
7. Whether Confirmed in the Post:
8. Date of Appointment:
9. University Provident Fund Number:
10. Contribute to the Pension Fund (Yes/No):
11. Balance of the University Provident Fund as at 31st December of the Previous Year:
(Please attached the copy of the Provident Fund Statement)
12. Present Salary:
13. Amount of Loan Required:
14. Purpose for which the Loan is Required:
15. Submit a Guarantor : Yes/ No:
16. Statement by the Applicant:

I have read the University Grant Commission Circular No 362 dated 04th April 1988 on the Payment of Loan from the University Provident Fund and I aware of the conditions under which the loan is granted.

I'm also aware that the loan will be given to me is secured against the balance lying to credit in the University Provident Fund.

In the event of my ceasing to be employed in the University for whatever reasons, I hereby authorize the Registrar of the University and the Secretary of the University Grants Commission to deduct the balance (Capital plus Interest accrued up to the date of settlement of the loan) unpaid on my loan before the University Provident Fund is refunded to me.

In the event of my death before ceasing to be employed or in the event of death after ceasing to be employed but before the University Provident Fund is refunded, I hereby authorize the Registrar of the University and the Secretary of the University Grants Commission to deduct the balance (Capital plus Interest accrued up to the date of settlement of the loan) unpaid on my loan before the University Provident Fund is refunded to my heirs.

.....
Signature of the Applicant

Witness to Signature:

Name:

Signature:

Date:

*Witness should be the Head of the Department/ Unit

FOR OFFICE USE

To be filled by the Establishment Division

The statements given in sections 1,2,3,4,5,6,7,8,10,11 and 12 are certified as correct.

Date Management Assistant

Date..... Deputy/ Senior/ Assistant Registrar

To be filled by the Finance Division

Name..... Designation.....

Rs.

A. Consolidated Salary
Other Allowances

B. Deductions Rs.

Loans (With Interest)	Distress
	Staff
	Vehicle
	Computer
	Special Advance
	Other Loans

Bank Loans and Interest

Welfare Society/ Union Deductions

Other Deductions

UPF Loan

Total

C. 60% limit on Salary.....X60%

D. Total Deductions

E. Balance that can be deducted within 60% limit

Date..... Management Assistant