SALARY ADVANCE APPLICATION FORM

Name		Date	
Department / Code		Grade/Level	
DOJ		Confirmed	
Salary advance Amount Applied For			
Reasons for Availing Salary advance			
SALARY ADVANCE SANCTION / APPROVAL			
Department Head	Comment	Approved / Rejected	Signature
,		, F	2
HR Comment			Signature
Account Comment			Signature
Head of HR	Signature	President/ Sr. V.P./ V.P.	Signature
(To be filled in by the Employee after the Approval for the Salary advance)			
I hereby declare that I have availed a Salary advance of Rspayable inpayable in stallments (not more than 03). The same may be deducted from my salary from			
I agree to be bound by Salary advance Policy of the company and be responsible for paying the entire Salary advance amount availed by me before leaving the services of the company, failing which appropriate action (legal or otherwise) may be initiated against me.			
(Signature of the Employee)			
TO BE FILLED IN BY THE ACCOUNTS DEPARTMENT			
Date		Amount	
Salary advance Issue date(ch date)		Total Installments	