

**राष्ट्रीय प्रजनन स्वास्थ्य अनुसंधान संस्थान**

(भारतीय आयुर्विज्ञान अनुसंधान परिषद)

जे.एम. स्ट्रीट, परेल, मुंबई 400012.

**त्यौहार अग्रिम हेतु आवेदन पत्र**

1	आवेदन का नाम	
2	पदनाम	
3	मूल वेतन	
4	आवेदन किस त्यौहार के लिए	
5	चालू वर्ष में अन्य कोई त्यौहार अग्रिम लिया है ?	
6	क्या सेवा में लगातार तीन वर्ष पूरे किए हैं ?	
7	अगर सेवा को तीन साल से भी कम हुए हैं तो प्रतिभूत पत्र संलग्न करें ।	प्रतिभूत पत्र संलग्न है / नहीं है

स्थान -

दिनांक -

**आवेदक के हस्ताक्षर**

नोट - आवेदक को यह सुझात दिया जाता है कि संबंधित लिपिक से वे इसकी रसीद प्राप्त करें और यह सुनिश्चित करें कि उनका आवेदन पंजीकृत किया है । बिना पंजीकरण के आवेदन का त्यौहार अग्रिम के लिए विचार किया नहीं जाएगा ।

**संबंधित लिपिक के हस्ताक्षर**

**राष्ट्रीय प्रजनन स्वास्थ्य अनुसंधान संस्थान**

**रसीद**

श्री / श्रीमती \_\_\_\_\_ से \_\_\_\_\_

अग्रिम आवेदन पत्र प्राप्त किया और त्यौहार अग्रिम रजिस्टर में सं \_\_\_\_\_ द्वारा दर्ज किया है ।

**संबंधित लिपिक के हस्ताक्षर**

दिनांक -

## SURETY BOND

KNOW ALL MEN BY THESE PRESENTS THAT I, \_\_\_\_\_  
Son of Shri. \_\_\_\_\_ resident of \_\_\_\_\_  
in the district of \_\_\_\_\_ at present employed as a permanent in the  
\_\_\_\_\_ (herein after called the surely) as firmly bound into the  
Director-General, Indian Council of Medical Research, New Delhi, in the sum of Rs. \_\_\_\_\_  
(Rupees \_\_\_\_\_) for which payment well and truly made I  
hereby bind myself, my heirs, executors, administrator and representatives by these presents  
sealed with my seal this \_\_\_\_\_.

1. WHERE AS \_\_\_\_\_ Son of \_\_\_\_\_  
resident of \_\_\_\_\_ in the district of \_\_\_\_\_ at present  
employed as a \_\_\_\_\_ in the Indian Council of Medical  
Research Department (Here in after called "the borrower") has, at his own request,  
been granted by the Director General, Indian Council of Medical Research, New Delhi, a  
loan of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) respectively.

2. Now the condition of this obligation is such that if the said borrower shall, while  
employed in the said department duly and regularly pay or cause to be paid to the  
Indian Council of Medical Research, New Delhi, the amount of the loan aforesaid by  
installments, on the first day payment to be made on the first day payment to be made  
on the first day of \_\_\_\_\_ until the said sum of Rs. \_\_\_\_\_ shall be  
avoid, otherwise the same shall be and remain in full force, But so nevertheless that if  
the borrower shall die or become insolvent or at any time cease to be in the service of  
the Indian Council of Medical Research, New Delhi, the whole or so much of the said  
principal sum of Rs. \_\_\_\_\_ as shall then remain unpaid, shall immediate  
become due and payable to the Director General, Indian Council of Medical Research  
and be recoverable from the surety in one installment by virtue of this bond.

Witness 1 \_\_\_\_\_  
Designation \_\_\_\_\_  
Office \_\_\_\_\_  
Place \_\_\_\_\_  
Date \_\_\_\_\_  
Signature \_\_\_\_\_

Witness 2 \_\_\_\_\_  
Designation \_\_\_\_\_  
Office \_\_\_\_\_  
Place \_\_\_\_\_  
Date \_\_\_\_\_  
Signature \_\_\_\_\_