རྒྱལ་ཡོངས་ཁྲིམས་སྡེར་ཀུང་བ།
རྒྱལ་ཡོངས་ཁྲིམས་འཆར་བཞས་ཀོག་ཀུང་བ། གསོ་བ་ཇན་ཁབ།
NATIONAL TRADITIONAL MEDICINE HOSPITAL
NATIONAL CENTRE FOR TRADITIONAL MEDICINE SERVICES
MINISTRY OF HEALTH, THIMPHU: BHUTAN

FORM I-NTMH Menlha Tshokpa Loan Application Form

Form No: NTMH/MENLHA-01

Date:……/……/……

The Chairperson
NTMH Menlha Tshokpa
Ministry of Health, Thimphu

Subject: Application for Menlha Loan

Sir/Madam,

I would like to request the NTMH Menla Tshokpa to kindly release me a loan of Nu……
(In words……)
from Menla Tshokpa Fund for the purpose of……

The Loan shall be repaid within 12 months, with a monthly instalment of Nu……
(In words……)
with a monthly interest rate of 2% against the principal amount, with effect from the lending month. I declare my personal details as provided below:

MEMBER APPLICANT DETAILS

1. Personal Details of the Applicant

Applicant Photo

Name of the Applicant:……Gender:……

Date of Birth:……/……/……CID No:……

Mobile Number:……Email ID: ……

Saving Account No:…… Name of the Bank:……

Marital status*: Married/ Not Married (If Married, please provide spouse details)

Spouse Name:……CID No……Mobile No:……

Address:……

2. Employment Details

Employee ID Number:…… Appointment Date:……/……/……

Designation:…… Service Type:……

Grade:……Date of Retirement/Supernuation:……/……/……

Name of Clinical Department:……

Name of the Unit:……

3. Salary Details

Basic Pay: Nu..... Net Pay: Nu..... Gross Pay: Nu.....

4. Other Loan Details

Have you availed loan from other financial institutions? (Yes/No) If Yes, mention the following details:

Loan Amount:.....Monthly EMI:.....

Loan Received on ...../...../..... Loan Balance: Nu...../Liquidated on ...../...../.....

5. Applied Loan Details

Loan Amount Requested: Nu..... (In words.....)

Loan Purpose:.....

Interest Rate:.....Tenure:.....

I hereby declare that the above information given is true, correct, complete and up to date in all respects, and I have not withheld any information. In the event any information so provided in this form is found to be false or misleading, I shall be liable under the law as deemed proper.

The NTMH Menlha Tshokpa reserves the right to accept or reject the application. Accepting the application by the NTMH Menlha Tshokpa would not guarantee the sanction of the said loan.

I understand that upon approval of the loan, I am obliged to settle the loan accordingly as per the provisions of the Menlha Tshokpa guideline. I am also bound to inform the Menlha Tshokpa of any change in the details given above.

In the event the loan remains outstanding, I authorise NTMH Menlha Tshokpa and the Management to recover from my above bank account/service benefits or be settled by the Guarantor within a specified period intimated by NTMH Menla Tshogpa.

Signature of the Applicant
Date:.....
Place:.....

Legal Stamp

GUARANTOR DETAILS

The guarantor shall be a staff member of NTMH and must possess a salary level equivalent to or higher than that of the applicant.

6. Personal Details of the Guarantor

Guarantor Photo

Name of the Guarantor:.....Gender:.....

CID No:..... Date of Birth:..../...../.....

Mobile Number:.....Email ID: .....

Employee ID Number:..... Appointment Date:...../...../.....

Designation:..... Service Type:.....

Grade:.....Date of Retirement/Supernuation:...../...../.....

Name of Clinical Department:.....

Name of the Unit:.....

Saving Account No:.....Name of the Bank:.....

Basic Pay: Nu..... Net Pay: Nu..... Gross Pay: Nu.....

Marital status*: Married/ Not Married (If Married, please provide spouse details)

Spouse Name:.....CID No.....Mobile No:.....

Address:.....

7. Declaration of Guarantor:

I, the undersign, hereby undertake to repay the NTMH Menlha Tshokpa loan along with applicable interest in the event of non-recovery of the loan from the borrower ....., who is known to me.

Legal Stamp

Signature of the Guarantor
Date:.....
Place:.....

རྒྱལ་ཡོངས་ཁྲོད་སྨན་རྩིས།
རྒྱལ་ཡོངས་ཁྲོད་སྨན་འགྲས་ཀྱི་གླིང་། གསོ་བ་ཇན་ཁག།
NATIONAL TRADITIONAL MEDICINE HOSPITAL
NATIONAL CENTRE FOR TRADITIONAL MEDICINE SERVICES
MINISTRY OF HEALTH, THIMPHU: BHUTAN

VERIFICATION AND APPROVAL (For Official Use)

Based on the authority granted by the NTMH Menlha Tshokpa guideline. The loan amount to Nu…….. (In words……..) is hereby verified and approved in the name of……., with monthly interest rate of ……..(2%) payable and in principal amount must equated amount of Nu……(……) within period of……(year/month).

8. Verified by:

(Vice-Chairperson)
Seal and Signature of the Verifying Authority
Date:……
Place:……..

Name:……Position Title……

Agency……

CID No:……Mobile Number:……Email ID: ……

9. Approved by:

(Chairperson)
Seal and Signature of the Approving Authority
Date:……
Place:……..

Name:……Position Title……

Agency……

CID No:……Mobile Number:……Email ID: ……

REQUIRED DOCUMENTS

- The Loan Application Form duly filled by the applicant and signed on all the pages.
- Copy of a valid Citizenship Identity Card of both the Applicant and Guarantor.
- One recent passport-size photo of both the Applicant and Guarantor.
- The latest original Pay slip/ePay slip of the Applicant and Guarantor, signed and sealed by CFO/ADMO.
- Two Legal Stamps.
- Duly filled Standing Instruction (SI) on Deposit (Creation or Cancellation) of BoB