

KERALA TRANSPORT DEVELOPMENT FINANCE CORPORATION LIMITED

A Government of Kerala Undertaking (An NBFC registered under the RBI)

Registered Office: Levele 8, 6th Floor, Trans Towers, Vazhuthacaud, Thiruvananthapuram 695014

Phone: 0471-2326883, 2327882, 2339198, Fax: 0471-2326884 Email: ktdfc@vsnl.com Visit us at: www.ktdfc.com

Branch Offices: Level 2 (Ground Floor) Trans Towers, Vazhuthacaud, Thiruvananthapuram 695014 Phone: 0471-2331904; Planthottam Complex, Near KSRTC Bus Stand, Thiruvalla 689 101 Phone: 0469-2602799; 5th Floor, Empire Building, Opp. Central Police Station, Ernakulam 682 018 Phone: 0484-2395806; 1st Floor, Suharsha Towers, Round North, Near Co-operative Hospital, Shornur Road, Thrissur – 680001 Phone: 0487-2323388; Ground Floor, KSRTC Bus Terminal Complex, Mavoor Road, Kozhikode-673 001 Phone: 0495-2724750.

EMPLOYMENT CERTIFICATE

		/oD/oW/o(Father's / Husband's Name)				
of(Name	of House)House				Town Village	
(Taluk)	Taluk	(District)		District,	now residing at	
(Name of House)(Village)						
permanent / officiating / act No. isPF No./ Audit No	ing / provisional					
	DETAILS OF HIS / HI	ER SERVICE ARE	AS UNDER	2		
Date of entry into service	Date from which continuo	om which continuous service begins		Date of retirement		
	DETAILS OF HIS /	HER PAY ETC. AS	UNDER			
Scale of Pay						
1. Basic Pay		a) Provident Fund				
2. Dearness Allowance		b) LIC recoveries				
3. HRA		c) Income Tax	••			
4. Compensatory Allowances		d) Loan Recoveries	(1)			
			(2)			
			(3)			
5. Other Allowances		e) Other recoveries	(1)			
			(2)			
TOTAL (A):		TOTAL (B):				
NE	T SALARY (A) – (B)					
Place:	(Office Seal)	Signature Name	•			
Date:		Designati	on of the Head	of Office / Depa	artment	
	UNDERTAKING FO	OR RECOVERY FR	ROM PAY			
l,	(Name in full))		(Designation &	Office / Department)	
shall owe to Kerala Transport I) or such othe	r enhanced/red	duced amount a	s may be sanctioned	
by KTDFC with its applicable interest with the Loan Agreement & Loan S	Sanction Letter to be execut	ed on sanctioning of the	loan and I ur	ndertake to repa	y the same in such	
manner as may be directed by KTD with the said transaction, monthly r	ecoveries of such amounts	as may be fixed by KTD	FC from time	to time, of whic	n information will be	
given by the Company to my drawin its duly authorised representatives. amount outstanding in the above lincluding Death cum Retirement Gra	l also hereby agree and declar oan transaction in case of n	are that KTDFC shall also	have absolute	and unqualified	I right to recover any	
Place: Date:				Signature	of Employee	
	I agree to effe	ct the above recove	eries		· • ———	
Diago			Cianatura			
Place:	(Office Seal)		Signature Name	eu- 11 · 6 - 6	See / Dec. 1	
Date:			Designation of		fice / Department / Disbursing Officer	

Date: