

GOVT. OF INDIA DEPARTMENT OF EDUCATION HEALTH & LANDS COOPERATIVE
THRIFT & CREDIT SOCIETY LTD., NEW DELHI

FORM OF WITHDRAWAL FROM OPTIONAL DEPOSIT

Date: _____.

1. Membership No.....MOBILE NO.
2. Name (In Capital Letters)
3. Designation & Office Address & Telephone No.:
.....
4. Amount Required: Rs.....
5. Date on which required: Rs.....
6. Purpose (full details).....

(Signature of Member)

(To be filled by the Treasurer and Secretary)

1. Amount at the Credit Rs.....
2. Amount of Monthly Contribution Rs.100/-
3. Amount of Emergent Loan outstanding Rs.....
4. Amount of Regular Loan outstanding Rs.....
5. Last withdrawal on.....

(Treasurer)

Paid on:.....

R E C E I P T

Received a sum of Rs..... (Rupees.....
.....only) from Government of India, Department of Education,
Health and Lands Co-operative Thrift and Credit Society Ltd. on account of withdrawal from
Optional Deposit.

Signature.....

New Delhi: Dated:

Name in Capital Letters: (.....)

Ledger Folio No.....