

IMMANUEL BUSINESS SCHOOL

LOAN APPLICATION FORM

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|--|---|
| PLEASE COMPLETE ALL PARTICULARS IN BLOCK LETTERS AND TICK BOXES WHEREEVER APPLICABLE | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 20px; text-align: center;">Signed Photographs of student</div> <div style="border: 1px solid black; padding: 20px; text-align: center;">Signed Photographs of Parent/Guardian</div> </div> |
| STUDENT ACCOUNT NO (OFFICE USE) | |
| | |
| IFSC CODE AND BRANCH (OFFICE USE) | |

| PERSONAL INFORMATION OF THE APPLICANTS | | | |
|--|------------|--------------------------------|-----------------|
| | FIRST NAME | MIDDLE NAME (If applicable) | SURNAME |
| Name in full of the student | | | |
| Name in full Parent/Guardian | | | |
| Relationship with the student | | | |
| Particulars | Student | | Parent/Guardian |
| 1.Detailed Residential Address (House No, Road Name, Locality, City, PIN, District, State) | | | |

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|---|---------------------|--|-----------------------|-------------------|--------|
| 2. Office Address (House No, Road Name, Locality, city, PIN, District, State) | | | | | |
| 3. Permanent Residential Address (House No, Road Name, Locality, City, PIN, District, State) | | | | | |
| 4. Address for correspondence should be sent (1st or 2nd applicant) | | | | | |
| 5. Address for correspondence of (tick appropriate box) | Residential Address | | Office Address | Permanent Address | |
| | | | | | |
| 6. Email address | | | | | |
| 7. Date of birth of the Applicant (DD/MM/YYYY) | | | 8. AGE | Years | Months |
| 9. Telephone Number (Office & Residence) | Office | | | Residence | |
| | | | | | |
| 9.A. If personal telephone is owned, type SELF and if not, type the relationship with the owner and his/her mobile number: | | | Mobile Number: | 1 | |
| | | | | 2 | |
| 10. SEX (tick in the box) | MALE | | FEMALE | | |
| 11. Marital Status (tick single if no living spouse) | Unmarried | | Married | Single | |
| 11.A. Number of dependents (if any in numbers) | Children | | Others | | |
| 12. Type of Identification Proof (tick in the box and write ID number) | A. Voter ID | | AA. Voter ID number: | | |
| | B. Pass Port | | BB. Pass Port number: | | |

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|--|----------------|--|-------------------------|--|
| | C.PAN | | CC.PAN number: | |
| | D. Aadhar Card | | DD. Aadhar Card Number: | |

| | |
|--|--|
| 13.Particulars of Identification Proof, Issue date, Place, expiry date, etc. | |
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|---------------------------------------|----|--|----|--|-----|--|-----|--|----------|--|
| 14.Do you belong to (tick in the box) | SC | | ST | | OBC | | GEN | | Religion | |
|---------------------------------------|----|--|----|--|-----|--|-----|--|----------|--|

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|--------------------------------|--|
| 15.Educational qualifications: | |
|--------------------------------|--|

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| 16.Professional qualifications(if any): | |
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(2) FINANCIAL/INCOME INFORMATION OF THE PARENT/GUARDIAN

| | |
|--|--|
| 1. SELF EMPLOYED/SARARIED | |
| 2. NAME OF THE COMPANY | |
| 3. ANNUAL INCOME OF PARENTS (Attach a copy of IT Returns) | |
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(3) IF EMPLOYED, EMPLOYMENT DETAILS OF THE PARENT/GUARDIAN

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| 1.Name of the Employer | |
| 2.Name of the Department | |
| 3.Emplyee ID & Designation(if available) | |
| 4.No.of years in present employment | |
| 5.Date of Retirement | |

(4) DETAILS OF SECURITY OFFERED

I.IMMOVABLE PROPERTY

| Plot/Flat/House No. | Title deed | | In the name of | Address | Estimated Market Value |
|---------------------|-----------------|------|----------------|---------|------------------------|
| | Lease/Self-owed | Date | | | |
| | | | | | |
| | | | | | |
| | | | | | |

II.VEHICLE/CAR/MOTORBIKE- (Please give details including registration number, etc.)

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III.OTHER SECURITIES

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| Name of the Security | Serial No. | Name of the holder | Maturity value | Estimated Market Value |
|----------------------|------------|--------------------|----------------|------------------------|
| | | | | |
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(5) DETAILS OF THE COURSE/STUDY

| | |
|---|--|
| 1.Name of the Course | |
| 2.Name of the Institution, University, Country | |
| 3.Duration of Course | |
| 4.Date of commencement of the course | |
| 5.Expected monthly income of student after completion of the course | |

(6) LOAN REQUEST

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| COST OF THE COURSE | SOURCES |
|--------------------|---------|

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|--|--|--|--|
| 1.Tuition fees | | 1.Details of funds available from family sources for the course. | |
| 2.EssentialBooks, Stationary, equipment, etc. (if any) | | | |
| 3.Examination Fees. | | 2.Amount of loan applied for | |
| 4.Maintenance Expenditure | | | |

(7) ADDITIONAL FINANCIAL DETAILS OF THE PARENT/GUARDIAN

| | | | | | |
|---|------------------------------|-------------------------|-----------------|-------------|---------------------|
| 1.Name of the A/c holder | Type of A/c | Name of Bank and branch | | A/c Number | |
| | | | | | |
| 2.Since when this Account is being maintained? | | | | | |
| 3.Current PF balance (your share) | | | | | |
| 4.LIC/Postal life, (value, if any) | | | | | |
| 5.Investment in NSCs/Share/Debentures/Bonds etc. (if any) | Details (Bank. branch, etc.) | | Amount (Rupees) | | Bank's assessment |
| | | | | | |
| Details of existing loan(if any) | Purpose | Bank Name and A/c No | Date of Loan | Loan Amount | Present outstanding |
| | | | | | |

DECLARATION

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I/We hereby declare that the particulars and information furnished in this application form are true, accurate and complete and they shall form the basis of educational loan. I/We confirm that I/We have/had no insolvency proceedings against me/us. Nor have I/We been adjudicated insolvent at any time. I/We further confirm that I /We have read the terms and conditions and understood the contents therein.

I/We waive the rights for any objection if IBS at its discretion conducts inquiries in respect of this loan application. IBS is at liberty to take such action as it may deem necessary if my/our above statements are found to be untrue. I/We accept that IBS has the sole authority to reject/reduce loan amount without assigning any reason thereof.

Signature of the Student

Place _____

Date _____

Signature of the Guardian

Place _____

Date _____

FOR OFFICE USE ONLY

Date :

Signature/s of the applicant/s obtained in our presence and verified on:

VIP code(0 for No,1 for yes)

Manager's Remark/Consent

Approving Authority: