

National University of Computer and Emerging Sciences

Loan Request Form



Requisitioner

Name	Designation	
Emp ID	Campus	
Project name		
Funding agency name		
Budgeted amount (Rs)		
Project start date	Bank account details	
Purpose of loan	Loan request month	

Previous loan details (if any)

S #	Period	Amount	Lo	an status
			Returned	Not returned
1				
2				
3				
	TOTAL			

Current loan breakdown of salaries for the month of

S #	Name	Designation	Period	Net Pay
1				
2				
3				
4				
		TOTAL		
Date			Signature	

Campus Accounts

Attachments (Please chec	k relevant box)		
Verified		Not Verified	
1) Salary Verification			
2) Bank Statement			
3) Remaining Project Balance	Rs		
4) Recommended Amount	Rs		
Prepared & forwarded by		Designation	
Date		Signature	

Campus Director

Remarks	Recommended	Not Recommended
Name		
Date	Signatu	re

NUCES-HQ

ORIC		-	
Remarks by Grants Management Officer			
Date		Signature	
Director ORIC	Recommended	Not Recommended	
Date:		Signature	

Internal Auditor

Remarks	Recommended	Not Recommended	
Name			
Date		Signature	

Treasurer

Remarks	Recommended	Not Recommended	
Name			
Date		Signature	

Rector

D 1	Approved		
Remarks	Not Approved		
Name			
Date		Signature	