

प्रथा स्वातिक्षा क्ष्या धार्म्या क्ष्या क्ष

National Land Commission



SALARY ADVANCE FORM

	PARTICULARS	DETAILS
	Employee Name:	
	Employee ID No.	
	CID. No	
	TPN	
	Bank Account No.	
	Grade/position level	
	Designation	
	Department/ Division	
	Net Pay	
	Amount Requested	
froi serv	rect. If the said amount is sa m my salary within the finan- vice or in any other exigenci- cerned office to recover the	(applicant) hereby confirm that particulars mentioned above are all anctioned, I authorize the concerned office to recover the amount cial year. In the event of default on my part, or leaving my present es, if the salary advance is not liquidated, I give my consent to the outstanding amount from my post-retirement benefits payable to
_	nature of applicant re	Approving Authority Signature Date