1. Name of the Applicant :
2. Present Address :
3. Permanent Address :

(including the District, Pincode,  
 Telephone No)

1. The Name of the Office where the :  
   applicant works, address and   
   telephone no.
2. Occupation :
3. Date of Birth :
4. Date of Retirement :
5. Monthly Income :
6. The amount to be submitted at the :  
   time of joining the scheme
7. If you have already joined the :  
   scheme :credit in the past, your   
   register no. and the number of   
   volumes you bought
8. The required volumes :
9. The Post Office to which volumes :  
    are to be sent [ Parcel Service   
   facility is available only for those   
   who order six or more volumes.]
10. Joined the scheme directly or :  
    through the promoter?

Place…………….. Applicant’s Name & Signature

Date ………………

**Agreement of the Applicant**

I have agreed to meet the expense for buying the volume(s) and the expense for sending it / them according to the conditions of the Sarvavijnanakosam Institute / through salary cut.

Date:……………………….. Applicant’s Name and Signature

**Agreement of the Head of the Department**

Shri/Smt…………………………………….(Name & Designation) has agreed to remit the price of the books to be bought from Sarvavijnanakosam Institute Credit Scheme on a monthly basis. It he/ she fails to pay the installments, I agree to get the amount from him /her and remit the same to the State Institute of Encyclopaedic Publications according to the conditions of the Institute.

Date……………… Name and Signature of the Head of the Institution

and his/her Official Address with Office Seal

If the applicant is a self- drawing officer, he/ she should give the following application form duly signed :

I………………………………………………… (name & designation) agree to remit the price of the volumes that I got from the State Institute of Encyclopaedic Publications on the credit scheme. I………………………….…. ( name and designation), hereby authorize the Director, the State Institute of Encyclopaedic Publications, Thiruvananthapuram, to get the whole amount in one installment from the treasury officer of the treasury from where I draw my salary, if I fail to pay the installments.

Date…………………… Name and Signature of the Applicant

**Agreement of the Higher Authority**

Shri / Smt……………………………………………………… (name and designation) is a self-drawing officer of this department. He / she draws his /her salary from ……………………………..…… Treasury. If he/she is transferred from this place, or retires from service, I will be informing the Director, State Institute of Encyclopaedic Publications, of it in advance.

Date…………………….. Name and Signature of  
 the Higher Authority and his/her Official’s address

**For the use in the Sarvavijnanakosam Institute**

Membership No. CRS ………………………………..

Date…………………

Register No. of the prior volumes bought

Examined the application form. Volume (s) may be given.

The whole price of the volumes bought Rs: ……………………………….

Discount Rs : …………………………….

Balance :……………………………..

Postal Expense Rs. : ………………………..

Total Rs. :…………………………

Amount remitted along with the application Rs :………………………..

Balance Amount Rs. : …………………….

( In words: Rupees………………………… ……………………………..only)

For the Director