KOZHIKODE SARVODAYA SANGH

(Certified by Khadi & V.I.C. Ministry of M.S.M.E. Govt. of India)

KHADI GRAMODYOG EMPORIUM S.M. STREET, KOZHIKODE - 673 001

APPLICATION FOR PURCHASE OF KHADI & V.I. GOODS

Ph: 0495 2721962

Name of Applicant (in Capital letters)										
Designati	on									
Office Address (with Telephone No.)										
Residential Address										
					N 4 - 1	Luc No				
					Mobile No. Land Line Phone No					
Photocopy of the ID card should be attached (if not an official ID any other Valid ID proof must be produced)										
						(Name of Department), I request you kindly permit me				
						xtent of Rs				
Gramody	og Empoi	ium Khad	igram	n, Calicu	ut. I	hereby agree to remit 25% of the bill an	nount a	at the time of p	urchase	
						urchased by me from the Emporium in five as been made before 5th of every month.	monthly	installment by o	cheques	
Place :										
Date :								f the Applicant wit		
•	•					emoluments is Rs				
						(Signature of Employee)				
Date : (Seal)					Signature attested Name & Designation of the Drawing Officer					
						(for Office use only)				
Rece	ived Khadi/	Silk/Furnitu	re god	ds worth	Rs.	(Rupe	es			
only) on cred					it from the Khadi Gramodyog Emporium, Khadigram, Calicut as per bills noted below:					
Section	Bill No.	Date	P	Amount	t T	Cheques issued on(Name of the Bank & Branches)				
						, ,		Amount		
						Cheque No. Date	<u>e</u>	<u>Amount</u>		
						Receipt No.				
						1)				
						2)				
										
						3)				
		-				4)				
Less Cash paid										
Loan Amount						5)				
							Total			
						Less Bank Comr	mision			
R. Sta				R. Star	np					
Signature of Borrower						Loan A	rnount		·····	