



आदर्श क्रेडिट को-ऑपरेटिव सोसाइटी लि. Adarsh Credit Co-Operative Society Ltd.

Regd. Number : MSCS/CR/269/2008

Regd. Office : Ahmedabad (Gujarat)

☎ +91-79-30487800

E-mail : info@adarshcredit.com

शाखा का नाम/Branch Name _____

शाखा कोड/Branch Code _____

फील्ड कार्यकर्ता आवेदन पत्र/ Field Worker Application Form

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------|
| बी. पी. सं.-कूट सं./ B P No.-Code No. | <input type="text"/> | अधिकारिता जारी दिनांक Authorisation Issue Date | <input type="text"/> |
| 1. आवेदक का नाम/ Name of applicant | <input type="text"/> | | |
| 2. पिता/पति का नाम / Father/ Husband's Name | <input type="text"/> | | |
| 3. पत्राचार का पता / Correspondence Address | <input type="text"/> | | |
| तहसील/Tehsil _____ | जिला/District _____ | राज्य/State _____ | |
| 4. स्थाई पता / Permanent Address | <input type="text"/> | | |
| तहसील/Tehsil _____ | जिला/District _____ | राज्य/State _____ | |
| 5. दूरभाष नं./ Telephone Number | <input type="text"/> | मोबाईल नं./ Mobile Number | <input type="text"/> |
| E-mail : | <input type="text"/> | | |
| 6. शैक्षणिक योग्यता/Educational Qualification : | | | |
| 7. भाषा ज्ञान/Language(s) known | : हिन्दी/ Hindi () अंग्रेजी/English () क्षेत्रीय भाषा/Regional Language..... () | Please mark (✓) | |
| 8. जन्म तिथि / Date of Birth | <input type="text"/> | | |
| 9. वर्ग/Category | : अ. जाति/ अ.ज.जाति/ अ.पि.वर्ग/अल्पसंख्यक/सामान्य/SC/ST/OBC/General/Other | | |
| 10. वर्तमान व्यवसाय/ Present Occupation | : | | |
| 11. आयकर स्थाई खाता संख्या/PAN | <input type="text"/> | | |
| 12. सदस्यता संख्या/ Membership No. | 13. हिस्सा राशि जमा करवाने की दिनांक/ Date of Share Money Deposit | | |
| | | (यदि सदस्यता संख्या ज्ञात नहीं है।) (If Membership No. is not known) | |
| 14. अन्य किसी वित्तीय संस्थान की एजेंसी है तो उसका विवरण /Do you have an agency of any other financial institution? If yes, please specify : | | | |
| a) संस्थान का नाम/ Name of the Organization | | | |
| b) पता/Address | | | |
| c) कूट संख्या/Code Number | | | |
| d) कब से/Since..... | | | |
| e) पिछले 3 वर्षों में आपके द्वारा किये गये व्यवसाय/Business mobilised by you during the last 3 years : ₹ | | | |
| 15. जमानत देने वाले व्यक्तियों का विवरण / Details of Guarantor(s) : | | | |
| हस्ताक्षर/Signature | | हस्ताक्षर/Signature | |
| 1. नाम/Name | | 2. नाम/Name | |
| पिता/पति का नाम Father/ Husband's Name | | पिता/पति का नाम/Father/ Husband's Name | |
| पता/Address | | पता/Address | |
| व्यवसाय/Occupation | | व्यवसाय/Occupation | |
| सदस्य संख्या /Membership No. | | सदस्य संख्या /Membership No. | |

स्वयं का रंगीन फोटो/
Affix your
coloured photograph

शाखा की मोहर लगाकर एवं
सत्यापित कर भेजें/Put Branch
seal and attest before sending
to Central Office

मैं, अधोहस्ताक्षरकर्ता यह घोषणा करता हूँ कि उपरोक्त विवरण मेरी जानकारी एवं विश्वास से पूर्णतया सही है। यदि उपरोक्त दिये गये विवरण में कोई बात गलत या असत्य पायी जाती है, तो सोसाइटी मेरा आवेदन रद्द करने हेतु स्वतंत्र रहेगी। यदि मेरा आवेदन स्वीकृत हो जाता है और सोसाइटी द्वारा फील्ड कार्यकर्ता का कार्य करने हेतु मुझे अधिकृत किया जाता है, तो सोसाइटी द्वारा समय-समय पर दिये जाने वाले निर्देशों का पालन करने हेतु मैं सहमत/बाध्य हूँ। मुझे फील्ड कार्यकर्ता के संबंध में दिये गये सभी अधिकार निरस्त करने हेतु सोसाइटी स्वतंत्र रहेगी एवं मुझे वर्तमान या भविष्य में मेरे द्वारा फील्ड कार्यकर्ता के रूप में किये गये कार्य के आधार पर नियमानुसार, मात्र कमीशन प्राप्त करने का अधिकार होगा।/I, undersigned, hereby declare that the above furnished details are true to the best of my knowledge and belief. If any information given by me is found to be incorrect, society reserves the right to cancel my application. If my request is approved and the Society authorizes me to work as a field worker then I agree to follow / abide by all the instructions issued by the Society from time to time. Society reserves all the rights to cancel my authorization to work as field worker and I will be entitled to receive only commissions on my work/ collection/deposits in the capacity of field worker.

हस्ताक्षर आवेदक/ Signature of Applicant

फील्ड कार्यकर्ता द्वारा ऊपर कैडर के फील्ड कार्यकर्ता के मार्गदर्शन में कार्य करने की घोषणा/Field worker's declaration to work under the guidance of the Upper field worker

मैं (आवेदक)..... पुत्र/पुत्री/पत्नी....., अपर कैडर फील्ड कार्यकर्ता श्री/श्रीमती/सुश्री..... कोड नं..... के मार्गदर्शन में कार्य करने हेतु सहमत हूँ। भविष्य में मेरे द्वारा इस संबंध में किसी भी प्रकार के परिवर्तन हेतु आवेदन नहीं किया जायेगा।/I (Applicant)..... S/D/W of..... agree to work under the guidance of Upper Cadre Field Worker Mr./Ms..... Code No..... In this matter I will not apply for any changes in future.

दिनांक/Date.....

स्थान/Place.....

हस्ताक्षर आवेदक/Signature of Applicant

यदि आवेदक फील्ड कार्यकर्ता (अपर कैडर) के अधीन हो तो / If Applicant is working under guidance of an Upper Cadre Field Worker :-

1. अपर कैडर फील्ड कार्यकर्ता का नाम/ Name of Upper Cadre Field Worker.....

2. पिता का नाम/ Father's Name.....

2. कैडर /Cadre..... 3. बी.पी. संख्या/B . P. Number.....

4. संबंधित शाखा का नाम / Home Branch Name..... शाखा का कोड / Branch Code.....

अपर कैडर के फील्ड कार्यकर्ता की संस्तुति / Recommendation of Upper Cadre Field Worker :-

मैं, श्री / श्रीमती / कुमारी (आवेदक का नाम)..... पिता/पति का नाम..... को सोसाइटी में फील्ड कार्यकर्ता पद पर कार्य करने के लिए अधिकृत करने हेतु सिफारिश करता/करती हूँ। मैं उसे मदद करने और समय-समय पर आवश्यक प्रशिक्षण एवं मार्ग दर्शन देने का विश्वास दिलाता/दिताती हूँ। मैं फील्ड कार्यकर्ता द्वारा सोसाइटी के लिये किये गये समस्त कार्यों के लिए पूर्ण रूप से जिम्मेदार रहूँगा/रहूँगी।/I recomend to authorize, Mr. / Mrs. / Miss (Applicant Name)..... S/D/W of..... to work in the Society as field worker. I assure that I will guide and provide necessary training to the field worker from time to time. I will be fully responsible for all the work done by the field worker for the Society.

अपर कैडर फील्ड कार्यकर्ता के हस्ताक्षर/Signature of Upper Cadre Field Worker

मोबाईल नं./Mobile No.

शाखा प्रभारी की टिप्पणी / Comments of Branch In charge :

श्री/श्रीमती/कुमारी (आवेदक)..... पिता/पति का नाम.....

द्वारा शाखा में श्री/श्रीमती/कुमारी..... (फील्ड कार्यकर्ता, अपर कैडर) के अधीन फील्ड कार्यकर्ता अधिकृत होने हेतु आवेदन किया गया है। प्राप्त आवेदन की जांच मेरे द्वारा कर ली गई है एवं निम्न औपचारिकताएँ पूर्ण करवा दी गई हैं :-

Mr. / Mrs. / Miss (Applicant)..... Father/ Husband's Name Mr..... has applied to work as an field worker under the guidance of Field Worker (Upper Cadre) Mr. / Mrs. /Miss..... in this branch. The received application has been completely checked by me and the following formalities have been completed:-

1. पासपोर्ट साईज के 3 नवीनतम रंगीन फोटो। Latest 3 passport size coloured photographs

2. वर्तमान/स्थायी निवास के प्रमाण-पत्र की प्रति। Proof of Address (Permanent/Current)

3. शैक्षणिक योग्यता के प्रमाण-पत्र की प्रति। Copy of education qualification certificate

4. जन्म तिथि के प्रमाण-पत्र की प्रति। Copy of date of birth certificate

5. आयकर का स्थायी खाता संख्या (पैन कार्ड) की प्रति। Copy of PAN card

6. जमानतियों के हस्ताक्षर मेरे सामने करवाये गये। The Signatures of the guarantor have been done in presence of me

7. निर्धारित प्रारूप में जमानत पत्र। Guarantee Letter in prescribed format

8. डेबिट ऑथोरिटी पत्र। Debit Authority Letter.

शाखा प्रभारी/ Branch In-charge

बी.पी. स्वीकृति पश्चात् शाखा कार्यालय स्तर पर भरा जाने हेतु/ To be filled by Branch Office after B.P. approval

1. बचत खाता संख्या/ Savings A/c Number :

2. ए.एफ.बी.एफ. खाता संख्या/AFBF Account No. :

3. अमानत राशि का विवरण/Description of Security Deposit :

(i) अमानत राशि जमा करवाने की दिनांक/ Date of Depositing Security Amount : (ii) राशि/Amount : ₹

(iii) अमानत राशि खाता संख्या / Security Deposit Account No. :

शाखा प्रभारी/ Branch In-charge

जमानत-पत्र/Letter of Guarantee

श्री/श्रीमती/सुश्री (आवेदक) पुत्र/पुत्री/पत्नी श्री
 जाति निवासी ने आदर्श क्रेडिट को-ऑपरेटिव सोसाइटी लि. में फील्ड कार्यकर्ता
 के रूप में कार्य करने हेतु अधिकृत होने के लिए आवेदन किया है।/ Mr. / Mrs. / Miss (Applicant) Son/Daughter/Wife/
 Mr. Caste..... resident of..... has applied to work as Field Worker in
 Adarsh Credit Co-Operative Society Ltd.

1. मैं (जमानतदार) पुत्र/पुत्री/पत्नी श्री
 जाति आयु निवासी श्री/श्रीमती/सुश्री (आवेदक)
 पिता/पति का नाम श्री की व्यक्तिगत जमानत ₹ 50000/-
 (अक्षरे ₹ पचास हजार मात्र) देता/देती हूँ। समिति की विभिन्न जमा योजनाओं में इनके द्वारा कोई अनियमितता, दुरुपयोग, समिति विरोधी गतिविधियाँ, समिति की ख्याति
 को हानि पहुँचाना आदि कार्य किया जाता है या गबन किया जाता है तो मैं व्यक्तिगत रूप से जिम्मेदार रहूँगा/रहूँगी। यह राशि मेरे से वसूल करने का समिति को पूर्ण अधिकार
 होगा। अगर मेरे द्वारा गबन की राशि समिति में मय ब्याज के जमा नहीं करायी जाती है तो समिति को मेरे विरुद्ध कानूनी कार्यवाही करने का पूर्ण अधिकार रहेगा।

2. मैं (जमानतदार) पुत्र/पुत्री/पत्नी श्री
 जाति आयु निवासी श्री/श्रीमती/सुश्री (आवेदक)
 पिता/पति का नाम श्री की व्यक्तिगत जमानत ₹ 50000/-
 (अक्षरे ₹ पचास हजार मात्र) देता/देती हूँ। समिति की विभिन्न जमा योजनाओं में इनके द्वारा कोई अनियमितता, दुरुपयोग, समिति विरोधी गतिविधियाँ, समिति की ख्याति
 को हानि पहुँचाना आदि कार्य किया जाता है या गबन किया जाता है तो मैं व्यक्तिगत रूप से जिम्मेदार रहूँगा/रहूँगी। यह राशि मेरे से वसूल करने का समिति को पूर्ण अधिकार
 होगा। अगर मेरे द्वारा गबन की राशि समिति में मय ब्याज के जमा नहीं करायी जाती है तो समिति को मेरे विरुद्ध कानूनी कार्यवाही करने का पूर्ण अधिकार रहेगा।

1. I (Guarantor) Son/Daughter/Wife of Mr
 caste..... age..... resident of give personal guarantee/surety of
 ₹ 50000/- (in words ₹ FIFTY THOUSAND ONLY) for Mr./ Mrs. / Miss (Applicant) Son/Daughter/Wife of
 Mr..... I would be personally liable to the Society for any amount misappropriated by applicant. If he/she is held responsible in case of
 any irregularity or misuse of the various deposit schemes of the Society or, for activities against or detrimental to the interest reputation/status of the Society,
 The Society has full right to recover the amount due against him from me. In case I fail to pay the disputed/demanded amount the society would be with in its
 rights to undertake legal action against me if I do not pay the misappropriated amount along with interest.

2. I (Guarantor) Son/Daughter/Wife of Mr
 caste..... age..... resident of give personal guarantee/surety of
 ₹ 50000/- (in words ₹ FIFTY THOUSAND ONLY) for Mr./ Mrs. / Miss (Applicant) Son/Daughter/Wife of
 Mr..... I would be personally liable to the Society for any amount misappropriated by applicant. If he/she is held responsible in case of
 any irregularity or misuse of the various deposit schemes of the Society or, for activities against or detrimental to the interest reputation/status of the Society,
 The Society has full right to recover the amount due against him from me. In case I fail to pay the disputed/demanded amount the society would be with in its
 rights to undertake legal action against me if I do not pay the misappropriated amount along with interest.

Hence, this Guarantee agreement has been executed after carefully reading and understanding the same with, sound mind and without any coercion in the
 presence of witnesses, to be used as and when required. / लिहाजा यह जमानत घोषणा अपनी राजी-खुरी से बिना किसी दबाव से, स्वेच्छा एवं स्थिर चित्त की हालत में
 निम्न साक्षियों के समक्ष सत्य समझकर, पढ़कर, सुनकर निष्पादित किया है, जो यद्यत जरूरत काम आये।

1
 (प्रथम जमानतदार के हस्ताक्षर/First Guarantor signature)

2
 (द्वितीय जमानतदार के हस्ताक्षर/Second Guarantor signature)

.....
 (प्रथम जमानतदार का नाम/First Guarantor Name)

.....
 (द्वितीय जमानतदार का नाम/Second Guarantor Name)

.....
 (सदस्यता क्रमांक/Membership No.)

.....
 (सदस्यता क्रमांक/Membership No.)

.....
 (बी.पी. नं./B.P. Number)

.....
 (बी.पी. नं./B.P. Number)

.....
 (मोबाईल नं./Mobile No.)

.....
 (मोबाईल नं./Mobile No.)

.....
 (प्रथम साक्षी के हस्ताक्षर/First Witness Signature)

.....
 (द्वितीय साक्षी के हस्ताक्षर/Second Witness Signature)

.....
 साक्षी का नाम/Witness Name

.....
 साक्षी का नाम/Witness Name

.....
 पिता का नाम/Father Name

.....
 पिता का नाम/Father Name

.....
 पता/Address

.....
 पता/Address

.....
 दिनांक/Date

डेबिट ऑथरिटी पत्र / DEBIT AUTHORITY LETTER

स्थान/Place : _____

दिनांक/Date : _____

शाखा प्रभारी/Branch Incharge

आदर्श क्रेडिट को-ऑपरेटिव सोसाइटी लि./Adarsh Credit Co-Operative Society Ltd.

शाखा/Branch _____

महोदय/महोदयाजी/Sir/Madam,

निम्नांकित कारणों में से, किसी भी कारणवश, मेरे विरुद्ध कोई बकाया राशि निकलती हो तो, समिति में मेरे नाम से चल रहे समस्त प्रकार के जमा खातों से वसूली करने के लिए मैं अद्योहस्ताक्षरकर्ता अपनी सहमति एवं अधिकार प्रदान करता हूँ, जिसके लिए मैं किसी भी प्रकार का दावा प्रस्तुत नहीं करने के लिए वचनबद्ध हूँ।/I, undersigned, agree and authorize Adarsh Credit Co-operative Society Ltd. to debit all types of my deposit accounts for any outstanding amount due under any of the following heads. I undertake not to contest/dispute the same.

1. कमीशन पर एडवाइजर फ्यूचर बेनीफिट फण्ड राशि की कटौती।/Deduction of Advisor Future Benefit Fund on Commission Amount.
2. टी.डी.एस. की कटौती।/Deduction of Tax at Source (TDS).
3. स्थायी निर्देशानुसार कटौती।/All deductions as per standing instruction.
4. ऋण खाते की किश्त की कटौती।/Deduction of installment of loan account if any.
5. अवधिपार राशि की वसूली।/Recovery of overdue amount.
6. अन्य किसी भी प्रकार का बकाया/वसूली।/Other dues if any.

भवदीय/Your's Sincerely

हस्ताक्षर/Signature _____

नाम/Name _____

सदस्य संख्या/Membership No. _____

एडवाइजर बी.पी. नं./Advisor B.P. No.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

केडर/Cadre _____

शाखा का नाम/Branch Name _____

शाखा कोड/Branch Code

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Declaration

I declare that if Adarsh Credit Co-Operative Society Ltd. (Multistate) (Referred to as Society now onward) authorizes me to work as Field worker for society on the basis of application form submitted by me, I will be bound to follow the terms & conditions of the Society as follows:

1. A sum of ₹ 1000/- will be deposited as security amount with the Society. 2. The Society will pay interest @ of% per annum compounded annually.
3. For the member motivation of Society's various deposit scheme's, Guarantee of two renowned persons will be provided who are permanent members of the Society.
4. To work as a field worker for Daily Deposit Scheme, I will seek Separate permission from Society as an necessary.
5. During the member motivation about various deposit schemes, it will be necessary for the field worker to deposit the amount collected from the member depositor by 12 noon of next day. If the advisor deposits the amount after the above timings then an interest of 18% per annum compounded monthly for default period shall also be recovered along with the deposit amount from the field worker as penalty for the delay by the Society.
6. In the event of field worker failing to deposit the amount received from the member depositor within the stipulated period the society will have a right to proceed against the field worker on the basis of complaint received from the member depositor any reliable source. This may include filing a criminal proceeding as per law of the land.
7. The society has a right to verify all the entries made by the advisor/field worker in the respect of deposit collected under various deposit schemes e. g. (Daily Deposit, Recurring Deposit). In case any discrepancy is found the society has a right to with hold the commission payable to the field worker and recover the discrepant amount from the field worker/guaranteee.
8. It is the bounden duty of the field worker to facilitate payment of the invested amount along with the interest on maturity to the member depositor. The discrepancy if any will have to be reconcile before the final repayment.
9. The Account opening forms should be duly signed by the concerned field worker along with the stamp of field worker code no. In case of failure of field worker to mention the correct code no. along with stamp, the society would not be responsible for any inaccuracy in calculation of various benefits payable to field staff in this regards. It would be totally justified on the part of the society to treat such deposit as branch deposits.
10. The field worker will have to compulsorily fulfill the formalities required for Loan against deposits as and when demanded by the investors and the presence of the investor will be compulsory during the time of receiving of the loan amount/payment of deposit amount.
11. The field worker will be bound to follow the rules & regulations issued by the Society for the marketing of its various deposit schemes from time to time and he/she will not work with other similar financial institutions. He/she will remain as a self-dependent field worker.
12. In case the field worker wants to discontinue his/her authority to work as field worker. He/she will have to give a three months notice to this effect to the society. It would be to the duty of the field worker to ensure that all collections/deposits received by him are duly accounted for in the society and duly verified by the competent authority. He/She will also surrender the identity card and other documents/material provided him and obtain a no dues/no objection of the society.
13. The Security Amount deposited by the field worker will be refunded only after 6 months from the date of the resignation being accepted, Obtaining NOC from the respective branch. If any dues/liabilities are found against his name, the society would be entitled to recover the same from the Security Amount.
14. Nomination with respect to Saving and AFBF account of the field worker shall be declared in the saving account formalities. However for agency transfer due to death/government job/female field worker getting married or any other case as approved by Society management, separate nomination will have to be made at that time by legal heirs.
14. The commission on amount collected by the field worker, will be paid on a monthly basis after T.D.S., AFBF or deduction of any other taxes as per law.
15. Commission will be paid to the field worker on monthly basis at a specified rate only on completion of minimum deposit business, prescribed by the society from time to time.
16. The society reserves the rights to terminate the field worker authorisation without any prior intimation if it is found that the under signed is involved in any criminal case or if there is any case pending against me in any Judicial court.
17. I hereby declare that none of my relatives are working on roles of the Society i.e. none of my relative is employee of the Society. If found the Society reserves the right to terminate my field worker authorisation without any prior intimation.
18. In case of any issues regarding the format of various deposit schemes of the Society, rules, rights, terms and condition of the functioning of field worker and cancellation of the authority of the field worker for member motivation of its Deposit Schemes, the Society reserve the right to resolve all the issues according to the laid down terms and conditions, amended from time to time. The decision of the Society's in this regards will be final and binding on all concerned. In case certain disputes remain unresolved the matter may be referred to the Arbitrator according to the Indian Arbitration and Reconciliation Act 1996 the place of jurisdiction being Ahmedabad (Gujarat).
19. All the rights related to deposit collection authorization of any Field Worker will be reserved with the Society Management.

I have signed this declaration in presence of the Branch In-charge and witness after having read and understood all the terms and conditions carefully and undertake abide by the same. In case the field worker understand only regional language or Hindi it should be readout and explained to him by an independent person who would also sign with his statement that the terms and condition have been readout to the field worker carefully and he has been explain each and every condition carefully.

Branch-Incharge Signature

I, (applicant), declare that the above rules and terms have been carefully read and understood by me and I have signed in front of a witness.

Applicant's Signature

Signature of Witness
Name & Address of Witness

Applicant's Signature
and Name & Address

