Application Form for DCB Education Loan



*PLEASE COMPLETE THE ENTIRE FORM (IN CAPITAL LETTERS ONLY)
*TICK AS APPLICABLE
*ENCLOSE ALL APPLICABLE DOCUMENTS

SERIAL NO.

Stud	ent	De	tails	s																														
*Name:		Mr.		1	Mrs.		М	s.		Dr.														Date	of E	Birth:	D	D	M	M	Υ	Υ	Υ	Υ
(First Na	me)														(N	/liddle	Nam	e)			_											(Las	t Nam	e)
Present F	Reside	entia	l Add	dress	s:																													
											C	ity:																Pin:						
Landmark	::																																	
State:	ĺ																		Coun	try:														
Telephone	e:																		Mobil	e No	.:													
Permanen		ount	Num	ber (PAN)	:												J	*Aadh	naar I	Numb	oer:				Ì								
Email ID:																																		
Ownershi	ip of I	Resid	denc	e:		Sel	f Ow	ned			Far	nilv (Owne	d		Rer	nted			Oth	ners													
	ermanent Residential Address:																																	
Permane	manent Residential Address:																				<u> </u>	<u> </u> 	<u> </u>	<u> </u>				<u> </u>			<u> </u>			
																		 						 							L	Ш		
				1							C	ity:							<u> </u>							<u> </u>		Pin:						
Landmark	:																																	
State:																			Coun	try:														
Telephone (with STD Cod	e: de)																		Mobil	e No	.:													
Email ID:																																		
Ownershi	ip of I	Resid	denc	e:		Sel	f Ow	ned			Far	nily (Owne	d		Rer	nted			Oth	ners													
*Gender:		Ma	е		Fer	male			Third	I Gend	der				Mari	tal St	tatus	:	Ma	arriec	d k	Siı	ngle				N	o. of	Depe	nden	ts (if	any):		
Residenti	al Sta	atus:			Re	siden	t Ind	ian			NR		Natio	onali	ty:																			
U.S. Pers	on:			Yes	6		N	lo					Mail	ing A	ddre	ss:		Pre	sent F	Resid	lentia	l Add	ress			Office		F	Perma	nent	Resid	dentia	al Ado	dress
*Country	of Bir	rth:													*P	lace	of B	irth:													1		ease fi	
*Citizensl	hip:														*B	lesid	ence	for	Tax F	urpc	se:											Dec Form	claration if you	on ı are
Acad	lem	ic (Qua	lific	atio	ons																										coun	A. or o try citi esider	izen
Sr. No.			ne of					Jnive	sitv /	/ Instit	tution		N	1ediu	m of		\	/ear	& Mo	nth		Whe	ther	pass	ed		% of	f mar	·ks		Rar	nk / C		
1	f		SSC							h pas		1		struc					assin		1		rst at			ı		aine				ion ol		
							-																							_				
							1																			1								
							+																							+				
							+																											
							Ì					i																						
Attach: Co																																		
Other Ach	ieven	nents	/ Sc	holai	ships	s / Pri	zes \	Won,	if an	y: (atta	ach s	heet	if ned	cessa	ıry)																			
																																		Į.

Employ	me	ent l	Det	ails		If St	uden	t is e	mplo	yed																							
Salarie	d		Se	lf-em	oloyed	d / Pr	ofessi	onal		Bus	sine	ess		Oth	er																		
Designation										_	Emp	oloyer /	Bus	sines	s Na	ıme																	
No. of years in	n cur	rent E	Emp	oyme	nt / B	usine	ess			<u> </u>	Tota	al no. of	f yea	ars ir	ı Em	ployn	nent																
Office Addre	ss:																																
			i																														
	+		T	+						Cit	ty:																∟ Pin:						
Landmark:																																	
State:			$^{+}$															Coun	try:														
Telephone: (with STD Code)					+													Prefe	rred	Mobil	le No.	 .:											
Email ID:																																	
Annual Incom	ne: ₹	:										Banl	k A	ccou	nt D	etails	s: Ac	count	No.:														
Attach: Salary			te / L	ast In	come	Tax	Retur	n				Туре						1	/ings			Cur	rent			Oth	ner						
Name of Bar																														1			
	<u> </u> 		1	<u> </u>															<u> </u>														
						_																											
Parent	/ G	uar	dia	n D	etail	ls `																											
Relationship	with	the	Stud	lent:		F	ather			Moth	ner			Oth	er, P	lease	spe	cify															
*Name:	N	1r.		Mrs.		N	∕ls.		Dr.														Date	of Bi	irth:	D	D	M	M	Υ	Υ	Υ	Υ
(First Name) Present Resi	dent	ial Δ	ddro	ee.										(N 	∕liddle	Nam	e)														(Las	t Nam	ne)
			1							Cit	h <i>i</i> r																Pin:						
Landmark:											Ly.																						
State:			+															Coun	tn/:														
Telephone:			1			1												Mobi	-														
(with STD Code) Email ID:																																	
Ownership o	f Po	nidon				olf Ov	wned			Fami	ilv C	Owned			Po	ntod			Oth														
						eli Ov	wnea	I		Fami	lly C	wnea			Rei	nted	ı		Otr	ners		l	<u> </u>		1	1	l I	l	l				
Permanent F	Resid	lentia	al Ad	dress	S:								_																				
			+										_																				
										Cit	ty:		_														Pin:			<u> </u>			
Landmark:			1										_																	 			
State: Telephone:			1															Coun	-									1					
(with STD Code)																		Prefe				.:	l				1						
Permanent Ad	cou	nt Nu	mbe	r (PAI	_					1								*Aadl	naar I	Numb	oer:												
Ownership o	f Re	siden	ce:		Se	elf Ov	wned			Fam	ily C	Owned			Re	nted		Ļ	Oth	ners												1	
*Gender:	M	lale		F	emale	•		Third	Gend	der			I	Mari	tal S	tatus	:	Ma	arriec	d	Sir	ngle				N	o. of	Depe	nden	ts (if	any):		
Residential S	tatu	s:		R	eside	nt Ind	dian			NRI		Nation	alit	y:																			
Employ	me	ent l	Det	ails																													
Salarie	d		Se	lf-em	oloyed	d / Pr	ofessi	onal		Bus	sine	ess		Oth	er																		
Designation										_ _ ı	Emp	oloyer /	Bus	sines	s Na	ıme																	
No. of years in	n cur	rent E	Emp	oyme	nt / B	usine	ess					al no. of					nent																

									С	ity:														Pin:						
Landmark:																														
State:															С	ountry:														
Telephone: (with STD Code)		4																	ate c	of Ret	ireme	ent:	D	D	M	М	Υ	Υ	Υ	Υ
Preferred Email ID:																														
If in current employn			ness	for le	ess th	nan 1	year	, then	prev	ious	employm	ent de	etails	:					l						l	l				
Previous Office Ad	dress:																													
																			1				<u> </u>							
		_							C	ity:														Pin:						
Landmark:		_																												
State: Telephone:																ountry:														
(with STD Code)																ontact F	erson	1:												
Financial De	etails	s																												
Current Annual Inc	ome ₹	:												Acco	unt Nu	mber:														
Type of Account:		Savi	ings			Cu	rrent			Oth	ner			Amoı	unt ₹:															
Name of Bank and A	Addres	ss																												
		Ī	ĺ						ĺ																				ĺ	
	ĺ	ĺ	Ì						ĺ																				Ì	
	İ	Ī																												
Investment in Fixed	l Depo	sit:																												
Details:										N	Maturity Da	ate:	D	D	M	MY	Υ	Υ	Υ	Α	mour	nt ₹:								
Investment in Immo	ovable	Pro	pert	y:		1	I		ı		l l					ı		l	l						l	I			ı	
Details:		4																			mour									
LIC / Postal Life, etc																				A	mour	nt ₹:								
																				l										
Please furnish detail	s of all	loar	n tak									ınks a	ınd fi	nanci	al insti												_			
Please furnish detail: Name of Institution	s of all	loar	n tak					taker			ployer, ba	ınks a	ınd fi	nanci	al insti	tutions:	Tenur	e	N	lonth	ly Ins	tallm	ent /	EMI	(₹)	Balaı	nce T	enure	e (mo	nths)
	s of all	l loar	n tak									ınks a	ınd fi	nanci	al insti		Tenur	re	N	lonth	ly Ins	tallm	ent /	EMI	(₹)	Balar	nce T	enure	e (mo	nths)
	s of all	loar	n tak									nks a	ınd fi	nanci	al insti		Tenui	e	M	lonth	ly Ins	tallm	ent /	EMI	(₹)	Balar	nce T	enure	(mo	nths)
	s of all	l loar	n tak									inks a	ınd fi	nanci	al insti		Tenui	re	N	lonth	ly Ins	tallm	ent /	EMI	(₹)	Balar	nce T	enure	e (mo	nths)
Name of Institution											Purpose	inks a		nanci	al insti		Tenui	re	N	lonth	ly Ins	tallm	ent /	EMI	(₹)	Balar	nce T	enure	(mo	nths)
Name of Institution	with D	ОСВ	Bank	<:	Origii							unks a	No	nanci	al insti		Tenui	e	N	lonth	ly Ins	tallm	ent /	EMI	(₹)	Balar	nce T	enure	e (mo	nths)
Name of Institution	with D	ОСВ	Bank unt N	κ: umb	Origii	nal L					Purpose	unks a		nanci	al insti		Tenui	re	M	lonth	ly Ins	tallm	ent /	EMI	[₹]	Balai	nce T	i-enure	• (mo	nnths)
Name of Institution	with D	ОСВ	Bank unt N	κ: umb	Origii	nal L					Purpose	inks a		nanci	al insti		Tenui	е	M	donth	ly Ins	tallm	ent /	EMI	(₹)	Balar	nce T	enure	t (mo	nths)
Name of Institution	with D	OCB cccou	Bank unt N	x: umb	Origin	nal L					Purpose	inks a		nanci	al insti		Tenui	re	M	lonth	ly Ins	tallm	ent /	EMI		Balaa	nce T	enure	• (mo	nths)
Name of Institution Existing relationship If yes, furnish details	with D	OCB cccou	Bank unt N	x: umb	Origin	nal L					Purpose	inks a		nanci	al insti		Tenui	re	N	Jonth	ly Ins	tallm	ent /	EMI	(₹)	Balar	nce T	ë enure	f (mo	nths)
Existing relationship If yes, furnish details Course Details	with D	OCB cccou	Bank unt N	x: umb	Origin	nal L					Purpose	inks a		nanci				e	N	lonth	ly Ins	tallm	ent /	EMI	(₹)	Balar	nce T	i enure	t (mo	nths)
Existing relationship If yes, furnish details Course Details	with E	OCB cccou	Bank NACCO	x: umb	Origin	nal L		mour	nt (₹)		Purpose			nanci		Loan		Y	M							Balar		enure	• (mo	nnths)
Existing relationship If yes, furnish details Course Details Course Name: Institution:	with E	of \$	Bank NAcco	c: der	Origin	nal L	oan A	Amour I	Comi	meno	Yes Cement D		No		City	Loan		re	M									enure	• (mo	nnths)
Existing relationship If yes, furnish details Course Details Course Name: Institution: Course Duration: In case of studies at	with E	of \$	Bank NAcco	c: der	Origin	nal L	oan A	Amour I	Comi	meno	Yes Cement D	late:	No		City	Loan				Ra			nking			niver	sity:	es, at		
Existing relationship If yes, furnish details Course Det Course Name: Institution: Course Duration: In case of studies at Passport Number:	with C Lo ails (of \$	Bank NAcco	der	Origin Or	nal L	oan A	additid	Comi	men o article ace	Yes Yes Cement D Culars: of Issue:	late:	No		City	Loan				Ra		/ Raı	nking		he U	niver	sity:			

Loai	n D	etail	s																							
Amount	of Lo	an ₹:						Lo	an Ten	or / Period		Years														
Repaym	ent N	Mode:	Po	ost Date	ed Cl	neque	s		Standii	ng Instruction	on	E	CS Debit													
Loan Re	quire	ement:																								
Sr. No.	Pa	articula	ars																			Amo	unt (₹)		
1	Ac	dmissic	n Fees																							
2	Те	erm / Ti	uition Fe	es																						
3	Co	ost of E	Books / S	Statione	ery																					
4	Ex	xam Fe	es																							
5	Вс	oarding	/ Lodgi	ng Expe	enses	s																				
6	Tra	ravellin	g Expen	ses																						
7	Ot	thers (s	pecify)																							
8	То	otal Exp	enses																							
Other So	ource	es of F	unds:																							
Sr. No.	Sc	ources	of Fund	ı																		Amo	unt (₹)		
1	Sc	cholars	hip / Sti _l	pend																						\neg
2	Pa	art Time	e Emplo	yment																						
3	Fa	amily S	ources																							П
4	Ot	thers (S	Specify)																							
5	То	otal Fur	nds Avai	lable																						П
Propose	ed / P	Preferre	ed Rena	vment	and	Pavm	ent of Ir	nterest																		
Mode of					Stude			1		Guardian																
				_ ′				,																		
Gua	rani	tor's	Deta	ils																						
Persona																										_
*Name:		Mr.		Mrs.		Ms.		Dr.								_	ate c	(D: II		Ь	1.7	1.7	V	\vee	1	Υ
								Dr.								D	ato c	of Birth:	D	D	IVI	IVI	Ϋ́		Υ	
(First N								Dr.										of Birth:	D		IVI	IVI	Y		Y	
								 			(Mic	ddle Name)						of Birth:			IVI	IVI	Y		Name)	
Present		identia	Addres	ss:							(Mic	ddle Name)						of Birth:			IVI	IVI	T			
Present		identia	Addres	ss:							(Mic	idle Name)									IVI	IVI				
Present		identia	Addres	ss:					City:		(Mic	idle Name)								Pin:						
Present Landmar	Resid	dentia	Addres	ss:					City:		(Mic	idle Name)						of Birth:								
Landmar State:	Resid	identia	Addres	ss: [City:		(Mic	idle Name)	Country					or Birth:								
	Resid	identia	Addres	ss:					City:		(Mic	idle Name)	Country					or Birth:								
Landmar State:	Residence:	identia	Addres	ss:					City:		(Mic	idle Name)						of Birth:								
Landmar State: Telephor (with STD Co	rk:				Own				City:		(Mic			No.:				of Birth:								
Landmar State: Telephor (with STD Co	rk:	idence		Self	Own								Mobile I	No.:				of Birth:								
Landmar State: Telephor (with STD Co Email ID:	rk:	idence		Self	Own								Mobile I	No.:				of Birth:								
Landmar State: Telephor (with STD Co Email ID:	rk:	idence		Self	Own				ily Own	ed			Mobile I	No.:				of Birth:		Pin:						
Landmar State: Telephor (with STD Co	Resid	idence		Self	Own					ed			Mobile I	No.:				of Birth:								
Landmar State: Telephor (with STD Co Email ID: Present Permane	Resid	idence		Self	Own				ily Own	ed			Mobile N Others	No.:				of Birth:		Pin:						
Landmar State: Telephor (with STD Co Email ID: Present Permane Landmar State: Telephor	Resident Res	idence		Self	Own				ily Own	ed			Mobile N Others Country	No.:				of Birth:		Pin:						
Landmar State: Telephor (with STD Co.	Resident Res	dence	ntial Add	Self dress:					ily Own	ed			Mobile N Others Country Preferre	No.:				of Birth:		Pin:						
Landmar State: Telephor (with STD Co Email ID: Present Permane Landmar State: Telephor (with STD Co Permane	Resident Resident Acceptable Resident Res	dence	ntial Add	Self dress:		aned		Fami	ily Own	ed	Rente	ed	Mobile N Others Country Preferre	No.:	ber:			of Birth:		Pin:						
Landmar State: Telephor (with STD Co.	Resident Resident Acceptable Resident Res	dence	ntial Add	Self dress:			ed	Fami	City:	ed	Rente	Rented	Mobile N Others Country Preferre	No.:	nber:			of Birth:		Pin:				(Last		
Landmar State: Telephor (with STD Co Present Permane Landmar State: Telephor (with STD Co Permane	Resident Resident Acceptable Acceptable Resident R	dence	Number	Self dress:	Self	aned	ed	Fami	City:	ed	Rente	ed	Mobile N Others Country Preferre	No.:	nber:			of Birth:		Pin:		ndent		(Last		

E	mp	loy	me	nt D	eta	ils																													
	Sa	laried	d		Self-	empl	oyed	/ Pro	fessi	onal		В	usine	ess		Oth	ner																		
Desi	gnat	ion										_	Emp	oloyer	/ Bu	sines	s N	ame																	
No.	of ye	ars ir	n curr	ent Eı	nploy	/men	ıt / Bu	usines	ss				Tota	al no. (of ye	ars ir	n En	nployr	nent																
Offi	ce A	ddres	ss:																																
			1	<u> </u>									Lity:	<u> </u>							_								Pin:						
Land	lmar	k:) 																						
		ĸ.												<u> </u>			<u> </u>		<u> </u>	Carrata															
Stat		ie.															<u> </u>] '	Countr	/:														
Tele (with \$		1		1					<u> </u> 								 						[Date o	of Re	tirem 	ent: 	D	D	IVI	M	Υ	Y	Υ	Υ
Ema																					_														
		ncon												Bar	ık A	ccou	nt D	etails	: Acc	ount N				1				1							
Atta	ch: S	Salar	y Cer	tifica	te / L	ast I	ncon	ne Ta	x Re	turn		1		Тур	e of	Acc	oun	t:		Savir	igs			Cu	rrent			Oth	ner		1		1		
Nan	ne of	Ban	k and	d Add	ress	1																													
				Seci		ע ע	etai	IS	lf	appl	icab		۸ttaa	h. Ca		-f C			/ ^ ~ "																
				offe						T_			Allac	ii. CO	hies	01 00	51 (111	Cales	/ Agii	eemen															
Sr.	No.	Ту	pe o	f Seci	urity						etail	s 								0	wne	ed By									Mari	ket V	alue	(₹)	
F	lefe	erer	ices																																
		entic					ress					ther th	han ir	nmed	iate 1	family	y me	ember	s):									I _	I _	l	l	l	l		
*Naı	ne:		Mı	r	1	∕Irs. □		Ms	S		Dr.	I	ı				I	ı	ı				ı	ı	Date	of Bi	irth:	D	D	M	M	Υ	Y	Υ	Υ
	irst Na	omo)															Aidd	le Nam	2)														// 00	t Nam	, o,
			eside	ential	Addı	ess:											VIIGG	le Ivaii															(Las	INaii	
													Lity:																Pin:						
Land	dmar	k:																																	
Stat																				Country	/:														
Tele	ohon	ie:																		Mobile	L														
(with \$		ode)	 7			_		l												viobilo	140.											 	 		
*Naı	ne:		Mı	r	1	∕Irs. ∣		_ Ms	3. <u> </u>		Dr.	l	ı					ı	ı		1		I	I	Date	of B	irth:	D	D	M	M	Υ	Υ	Y	Υ
(F	irst Na	ame)														(1)	Midd	le Nam	e)														(1 20	t Nam	le)
			eside	ential	Addı	ess:										'I) 	uu	.o rvaili															Las	rwall	.5,
													Dity:																Pin:						
Land	dmar	k:]							
Stat	e:																			Countr	/:														
Tele	phon STD Co	ie:																		Mobile	No.	:													

Declaration

For Office Use Only

Application received on

Approved on

I/We state that all the particulars and information given in this application form are true, correct complete and up-to-date in all respects and I/we have not withheld any information whatsoever and I/we understand and accept that they shall form the basis of any facility DCB Bank Limited ("Bank") may decide to grant me/us. I//We confirm that there are no insolvency or bankruptcy proceeding or suits for recovery of outstanding dues or monies whatsoever or for attachment of my/our assets or properties and/or any criminal proceedings have been initiated and/or are pending against me/us nor I/we ever have been adjudicated insolvent or bankrupt by any Court or other authority. Further, confirm that I/we have read the brochure, terms and conditions applicable to the facility and understood the contents. I/We undertake to inform the Bank regarding the change in my/our occupation / employment and to provide any further information and documents that the Bank may require from time to time. I/We further agree that my/our facility shall be governed by the Bank at its a basolude discretion from time to time. I/We further agree that the John that I/we reserve no right to appeal against this decision of the Bank. I/We further agree that the Bank is in its sole discretion may reject my/our application without providing any reason and that I/we reserve no right to appeal against this decision of the Bank. I/We further agree that the Bank shall not be liable and responsible in any manner whatsoever to me/us for such rejection or any delay in notifying me/us of such rejection and any costs, losses, damages or expenses, or other consequences, caused by reason of such rejection, or any delay in notifying me/us of such rejection and agree that the Bank may refer my/our name to a recognised credit or referencing agency? agencies or Reserve Bank of India (BBI) or agency/ies appointed by RBI and/or make such references and enquiries as the Bank may consider necessary. I/We hereby unconditionally authorise the Bank to disclose such in

I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant named in this application form in compliance with FATCA (Foreign Account Tax Compliance Act) / CRS (Common Reporting Standards). The Bank is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/We shall seek advice from professional tax advisor for any tax questions. I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect. I/We agree that as may be required by domestic regulators/tax authorities the Bank may also be required to report, reportable details to CBDT (Central Board of Direct Taxes) or close or suspend my / our account. I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

	correct, and complete including the taxpayer identification number of the applicant.					
Р	hotographs & Signatures Affix latest photographs	(not more than	6 months o	ld)		
	Student	Parent / G	uardian		Guarantor	
	Signature of Student Sig	nature of Pare	ent / Guardia	n	Signature of Guarantor	
D	ocuments Checklist					
	Documents:	Bus	ness Stability	/ Proof		
	Duly filled application form		Income Tax	Returns for 2 financial years (lat	est)	
	Photograph of applicant	Aca	demic Track l	Details		
	Photograph of co-applicant		Mark sheet	of completion of last qualification	n	
	PAN Card		Certificate of	of completion of last qualification		
	Voter Card		Certificate of	of technical qualification, if any		
	Passport & Visa for education abroad		Proposed e	ducation course details		
	Driving License		Prospectus	of the institute		
	Employee identity card		Fees details	along with other expenses		
	Latest utility bill i.e. electricity / landline phone bill		Fees payme	ent structure		
Emp	oyment Details of Applicant and Co-Applicant (If applicable)		Margin payr	ment receipt by applicant to Insti	itute	2 / 1.0
	Employment Identity Card	Sec	urity Details			Dec 2
	Latest 2 month's salary slip		Proof of col	lateral security offered		M086 / Dec 22 / 1.0
	Form 16	Gua	rantor Details	3		2022
	Employment stability proof for 3 years		Identity pro	of		1-Nov 2
	Bank Statement		Age proof			4795-ver 1
Busi	ness Details of Applicant and Co-Applicant, if Self Employed (If applicant	cable)	Signature p	roof		479
	Latest utility bill i.e. electricity / landline phone bill		Residence p	proof		
	Shops and Establishment License		Business or	employment proof		
	Sales Tax Registration Certificate		ement of Purp			
	VAT Registration Certificate			-up (of not more than 200 words) achieve in your life.	on why you want to pursue the co	ourse and

Verified on

Disbursed on

6