

IRREVOCABLE LETTER OF AUTHORITY

**THE SECRETARY ,MINISTRY OF HEALTH
THE DIRECTOR /D.P.D.H.S. /R.D.H.S.**

Sir,

A Loan of Rs. -----X

[Rs.-----] granted to me by the Government Radiological technologists

Benevolent Fund on the ----- day of -----X

Two Thousand and ----- [- -----] under X

the rules of the said fund, I here by authorize you to deduct from my salary a sum of

Rs. ----- [Rs.-----]X

Monthly and to remit the same to the Treasurer of the Government Radiological Technologists Benevolent Fund, who has agreed to apply the same against the outstanding said loan. The payment so made by you shall constitute a full and valid discharge to you and I shall have no claim whatsoever against you or call in question the deduction which you so make and the receipt of the Treasurer of the said fund or such person acting for him shall be valid and binding up on me.

The writing form the Treasurer of the said fund showing the amount to be deducted in respect of the amount due, owing and payable by me on the loan shall be binding up on me and conclusive evidence without further proof of the amount payable by me and I here by agree to accept such figure as correct and binding up on me.

This letter shall constitute an irrevocable authority to you to make the payments as herein directed whether or not you shall have any notice of the payment and settlement by me direct of the said loan and I shall not look to you or seek to recover from you any sum deducted or paid in terms of this letter.

Yours faithfully,

SIGNATURE OF APPLICANT

NAME :-----

MEMBERSHIP REGISTERED NO :-----

DATE :-----

X - Initial please.