

(G.P.F. Refundable)

FORM – I

Proforma for application for withdrawal from Provident Funds

Department of _____

Department of _____/ Office

Application for advance from _____
(Here enter the name of the Fund)

1. Name of the subscriber:
2. Account Number (with departmental suffix):
3. Designation :
4. Pay:
5. Balance at credit of the subscriber on the date of application as below:-
 - (i) Closing balance as per statement for the year _____
 - (ii) Credit from _____ to _____ on account of monthly subscription.
 - (iii) Refunds :
 - (iv) Withdrawal during the period from _____ to _____.
 - (v) Net balance at credit :
6. Amount of advance/outstanding
If any, and the purpose for which
Advance was taken by them.
7. Amount of advance required:
8. (a) Purpose for which the advance is required
(b) Rules under which the request is covered.
9. Amount of consolidated advance (items 6&7P
Number of monthly instalments in which the
Consolidated advance is proposed to be repaid.
10. Full particulars of the pecuniary circumstances
Of the subscriber justifying the application for the
Advance.

Signature of Applicant

Dated :

Name _____

Designation _____

Department/Branch_____

(G.P.F. Non-Refundable)

FORM – III

Proforma for application for withdrawal from Provident Funds

Department of _____

Department of _____/ Office

Application for withdrawal from _____

(Here enter the name of the Fund)

1. Name of the subscriber:
2. Account Number:
3. Designation (with departmental suffix):
4. Pay:
5. Date of joining service and the date of superannuation:
6. Balance at credit of the subscriber on the date of application as below:-
 - (i) Closing balance as per statement for the year _____
 - (ii) Credit from _____ to _____ on account of monthly subscription.
 - (iii) Refunds made to the fund after the closing balance, vide (i) above.
 - (iv) Withdrawal during the period from _____ to _____.
 - (v) Net balance at credit on date of application.
7. Amount of withdrawal required
8. (a) Purpose for which the withdrawal is required.
(b) Rule under which the request is covered.
9. Whether any withdrawal was taken for the same purpose earlier. If so, indicate the amount and the year.
10. Name of the Accounts Officer maintaining the Provident Fund Account.

Signature of Applicant

Dated :

Name _____

Designation _____

Department/Branch _____