

**APPLICATION FOR THE WITHDRAWAL OF (NON-REFUNDABLE)
ADVANCE FROM PROVIDENT FUND**

1. Name & No. of the subscriber _____
2. Contact No. _____
3. Pol No: _____
4. Designation _____
5. Date of Joining _____
6. Date of Retirement _____
7. Basic + Grade Pay _____
8. Balance at the credit of
Subscriber on the date of
Filling application as under
- (a) Closing balance as per
Statement for the Year _____
- (b) Credit from _____ to _____ on
Of Monthly Sub. @ _____ P.M. Rs. _____
- (c) Refund made to the funds after balance
Vide (1) above from _____ to _____
- (d) Withdrawal during the period from last
Statement to the date of application _____
9. Amount of withdrawal required
- (a) Purpose for which the request covered _____
- (b) Rule under which the request covered _____
10. Documentary evidence about the
Purpose for which the amount is required _____
11. Whether any withdrawal was taken
For the purpose earlier, if so indicate
Amount and the year. _____

Signature of the applicant _____

Designation _____

Place of Posting _____

I/C Unit forwarded in original to Accounts Br. for further necessary action.

Note: Self-Attested copy of GPF Statement attach with the application.

Forwarded Please.