Performa for application for advance from Provident Funds Application for Advance from G.P.F.

1.	Name of the Subscriber		e Subscriber		
2.	Acco	unt Nu	ımber		
	Desig	nation	1		
	Pay		Rs.		
i.	Balance at Credit of the subscriber on the date of application as below:-				
	i		ing balance as per statement for the	Rs	
	ii		it fromtoon unt of monthly subscription.	Rs	
	iii	Refu	nds	Rs -	
	iv	With	drawals during the period from toto	n Rs	
	v	Net balance at credit		Rs	
6.	Amo	Amount of advance/outstanding, if any, and the			
7. Amount of Advance required					
8.	a.	-	oose for which the advance is required		
	b	Rules under which the request is covered			
	c	If advance is sought for House Building etc., following information may be given:-			
		i	Location & measurement of the plo	ot	
		ii	Whether plot is freehold or on lease		
		iii	Plan for construction		
		iv If the flat or plot being purchased is from a H.B. Society, the name of Society, the location & measurement, etc.		of	
		v	Cost of construction		
		ví	If the purchase of flat is from DD or any Housing Board etc., the location, dimension, etc., may be given.	ne	

	i	Name of the son / daughter	1
	ii	Class & Institution / College where studying	
	iii	Whether a day-scholar or a hostler	and the second second
e	If advance is required for treatment of ailing family members, following details may be given:-		
	i	Name of the patient and relationship	
	ii	Name of the Hospital / Dispensary /Doctor where the patient is undergoing treatment.	
	iii	Whether outdoor / indoor patient	
	iv	Whether reimbursement available	
and whice	Amount of the consolidated advance (Items 6 and 7) and number of monthly installments in		Rsin Installments.
wledg	certify se and	that particulars given below are correct belief and that nothing has been conce	ct and complete to the best of my aled by me.
:-			
e:-			Signature of the Applican
	Amo and whice be re-	e If ad be gi i iii iii iv Amount of and 7) are which the be repaid. Full Particular the subscript advance	ii Class & Institution / College where studying iii Whether a day-scholar or a hostler e If advance is required for treatment of ailing be given:- i Name of the patient and relationship ii Name of the Hospital / Dispensary / Doctor where the patient is undergoing treatment. iii Whether outdoor / indoor patient iv Whether reimbursement available or not Amount of the consolidated advance (Items 6 and 7) and number of monthly installments in which the consolidated advance is proposed to be repaid. Full Particulars of pecuniary circumstances of the subscriber, justifying the application for the

Note:- In case of advance under 8 © to 8 (e), no certificate or documentary evidence would be required.

Section / Branch___