ESTABLISHMENT-I SECTION

PROFORMA FOR APPLICATION OF WITHDRAWAL FROM GENERAL PROVIDENT FUNDS

2. A/c number(with Deptartmental suffix) 3. Designation 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 subscriptions iii) Refunds made to the Fund after the Closing balance vide(i) above: iv) Withdrawal during the period from to Withdrawal during the period from Application 7. Amount of withdrawal required. Rs. a) Purpose for which the withdrawal is required. b) Rule under which the request is covered 7. 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 Accounts. Signature of applicant. Name Designation Directorate Intercom No.	1.	Name	
Designation Pay Date of joining service and the date of Superannuation Balance at credit of the subscriber on the date Of application as below: Closing balance as per statement for the year to naccount of monthly subscriptions iii) Refunds made to the Fund after the Closing balance vide(I) above: Withdrawal during the period from to Net balance to credit on date on Application Amount of withdrawal required. Purpose for which the withdrawal is required. Whether any withdrawal was taken for the same Purpose earlier. If so, indicate the amount and the year. Name of the Accounts Officer maintaining the Provident Fund Accounts. Signature of applicant. Name Designation Directorate	2.	A/c number(with Deptartmental suffix)	DEF NOMINGS
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 subscriptions iii) Refunds made to the Fund after the Closing balance vide(i) above: iv) Withdrawal during the period from to V) Net balance to credit on date on Application Amount of withdrawal required. 3. Purpose for which the withdrawal is required. b) Rule under which the request is covered Whether any withdrawal was taken for the same Purpose earlier. If so, indicate the amount and the year. O. Name of the Accounts Officer maintaining the Provident Fund Accounts. Signature of applicant. Name Designation Directorate	3.		France de
G. 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 subscriptions iii) Refunds made to the Fund after the Closing balance vide(I) above. iv) Withdrawal during the period from to v) Net balance to credit on date on 'Application Amount of withdrawal required. Rs. a) Purpose for which the withdrawal is required. b) Rule under which the request is covered Whether any withdrawal was taken for the same Purpose earlier. If so, indicate the amount and the year. O. Name of the Accounts Officer maintaining the Provident Fund Accounts. Signature of applicant. Name Designation Directorate	4.	·Pay	CMIA
i) Closing balance as per statement for the year	<u>5.</u>	Date of joining service and the date of Superannuation	
On account of monthly subscriptions iii) Refunds made to the Fund after the Closing balance vide(I) above. iv) Withdrawal during the period from to V) Net balance to credit on date on Application Amount of withdrawal required. Rs. a) Purpose for which the withdrawal is required. b) Rule under which the request is covered Whether any withdrawal was taken for the same Purpose earlier. If so, indicate the amount and the year. O. Name of the Accounts Officer maintaining the Provident Fund Accounts. Signature of applicant. Name	<u>6.</u>	i) Closing balance as per statement the year ii) Closing balance as per statement the year iii application as below: ii application	
Closing balance vide(I) above: iv) Withdrawal during the period from to V) Net balance to credit on date on Application Amount of withdrawal required. Rs. a) Purpose for which the withdrawal is required. b) Rule under which the request is covered Whether any withdrawal was taken for the same Purpose earlier. If so, indicate the amount and the year. O. Name of the Accounts Officer maintaining the Provident Fund Accounts. Signature of applicant. Name Designation Directorate	1.	101	
Application Amount of withdrawal required. B. a) Purpose for which the withdrawal is required. b) Rule under which the request is covered Whether any withdrawal was taken for the same Purpose earlier. If so, indicate the amount and the year. Name of the Accounts Officer maintaining the Provident Fund Accounts. Signature of applicant. Name Designation Directorate		Closing balance vide(I) above	he
Amount of withdrawal required. Rs. a) Purpose for which the withdrawal is required. b) Rule under which the request is covered Whether any withdrawal was taken for the same Purpose earlier. If so, indicate the amount and the year. Name of the Accounts Officer maintaining the Provident Fund Accounts. Signature of applicant. Name		Application	
a) Purpose for which the withdrawal is required. b) Rule under which the request is covered Whether any withdrawal was taken for the same Purpose earlier. If so, indicate the amount and the year. Name of the Accounts Officer maintaining the Provident Fund Accounts. Signature of applicant. Name Designation Directorate	<u>Z. </u>	Amount of withdrawal required.	Rs.
Whether any withdrawal was taken for the same Purpose earlier. If so, indicate the amount and the year. Name of the Accounts Officer maintaining the Provident Fund Accounts. Signature of applicant. Name Designation Directorate	<u>B.</u> ,	a) Purpose for which the withdrawal is required.	
Whether any withdrawal was taken for the same Purpose earlier. If so, indicate the amount and the year. Name of the Accounts Officer maintaining the Provident Fund Accounts. Signature of applicant. Name Designation Directorate	1	b) Rule under which the request is co	overed
Name of the Accounts Officer maintaining the Provident Fund Accounts. Signature of applicant. Name Designation Directorate). Y	Whether any withdrawal was taken for the Purpose earlier. If so, indicate the amount	same and the year.
Signature of applicant. Name Designation Directorate	0. 1	Name of the Accounts Officer maintaining	
. Name Designation Directorate	***		
Designation			Signature of applicant.
			Designation
illercom No.	•		
			intercom No.

ACCOUNTS-III SEC

The particulars furnished against 2,4 & 6 above have been verified.