

APPLICATION FOR ADVANCE FROM GENERAL PROVIDENT FUND

- 01. Name of the subscriber
- 02. Account Number
- 03. Designation
- 04. Pay
- 05. Balance at credit of subscriber on the date of application as below :-
 - (i) Closing balance as per statement for the year
 - (ii) Credit from to as subscription @ Rs.....
 - (iii) Refund of advance/withdrawals from to @ Rs.
 - (iv) Withdrawals during the year
 - (v) Net balance at credit
- 06. Amount of advance/advances outstanding Balance outstanding as on date
amount of advances taken and date of sanction
 - 1.....
 - 2.....
- 07. Amount of advance required.
- 08.
 - a) Purpose 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 and measurement of the plot
 - ii) Whether plot is free hold or on lease
 - iii) Plot for construction
 - iv) If the flat or plot being purchased is from a H.B.Society the name of the Society the location & measurement etc.
 - v) Cost of construction
 - vi) If the purchase of flat is from DDA or any Housing Board etc may be given

- d) If advance is required for education of children following details may be given
 - i) Name of Son/Daughter
 - ii) Class & institution/college where studying
 - iii) whether outdoor/indoor patient
- e If the advance is required for treatment of ailing family members following details may be given:-
 - i) Name of Patient and relationship
 - ii) Name of the Hospital/Dispensary/Doctor where the patients is under going treatment.
 - iii) Whether outdoor/indoor patient.

Note in case of advance under 8 (c) to 8 (e) no certificate of documents evidence would required.

- 9. Amount of the consolidated advance (item 6 to 7) and number of monthly installment in which Rs..... Consolidated advance is proposed in installment.
- 10. Full particulars of the pecuniary circumstances of the subscriber justifying the application for the temporary withdrawal.

SALARY A/C NO	:	
IFSC CODE	:	
SBI BRANCH	:	

If certify that particulars given above are correct and complete to the best of my knowledge and belief of that nothing has been canceled by me.

Station
Date

signature
Force No.
Name
Unit/Office