



**PROFORMA FOR APPLICATION FOR ADVANCE FROM PROVIDENT FUNDS**

Application for Advance from GPF

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) Withdrawals 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:

|                               |                                       |
|-------------------------------|---------------------------------------|
| Amount of advance taken _____ | Balance out-standing as on date _____ |
|-------------------------------|---------------------------------------|
7. Amount of advance required. \_\_\_\_\_
8. (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 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 the Society, the location and measurements, etc. \_\_\_\_\_
  - (v) Cost of construction \_\_\_\_\_
  - (vi) If the purchase of flat is from DDA or any Housing Board etc., the location, dimension, etc. may be given \_\_\_\_\_

(d) If advance is required for education of children, following details may be given:

(i) Name of the Son/daughter \_\_\_\_\_

(ii) Class and Institution/College where studying \_\_\_\_\_

(iii) Whether a day scholar or a hostel \_\_\_\_\_

(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 under-going treatment \_\_\_\_\_

(iii) Whether outdoor/indoor patient \_\_\_\_\_

(iv) Whether reimbursement available or not \_\_\_\_\_

9. Amount of the consolidated advance (items 6 and 7) and number of monthly installment in which the consolidated advance is proposed to be repaid

Rs. \_\_\_\_\_ in

\_\_\_\_\_ installments

10 Full particulars of the pecuniary circumstances of the subscriber, justifying the application for the advance

\_\_\_\_\_

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

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

Signature of Applicant

Name: .....

Designation: .....

Section/Branch: .....

Dated: