

APPLICATION FOR WITHDRAWAL FROM GP FUND

1. Name of Subscriber : Sh./Smt.....
2. Account No.....
3. Designation.....
4. Withdrawal/Suffix.....
5. Basic Pay.....per month.
6. Date of joining service and the date of superannuation.
D.O.J..... D.O.R.....
7. balance at credit of the subscriber in the date of application as below :-
 - I) Closing Balance as per statement Rs.....
 - II) Credit from.....to.....of A/c of monthly subscriptions.
 - III) Refunds made to the fund after the closing balance, Rule (f) above.
 - IV) Net Balance at credit on the date of application.
 - V) Withdrawl during the period from.....to.....
Rs.....
8. Amount of withdrawl.....
9. (a) Purpose for which the withdrawl is required.....
(b) Rule under which the request is covered.....
10. Whether any withdrawl was taken for the same purpose earlier-if so, indicate the amount and the year.
11. Name of the Account Officer maintaining the Provident Fund Account.

Date.....

Signature of the Applicant
Name.....
Designation.....
Section/Branch.....

Sir,

Sh./Smt.....has applied for an withdrawal of Rs.....

from his/her G.P.F. Account.

G.P.F. Rule No.....refers subscriber at any time for one or more of the purpose as specified at any time for one time or more of the purpose as specified in Rule from the amount stands in his/her credit in the fund shall not ordinarily exceed 1/2 of such of six month pay which ever is less.

PARTICULARS

Total amount of his/her credit	Rs.....
Half of the total amount	Rs.....
3/4 of the total amount	Rs.....

ACCOUNTANT

A sum of Rs.....sanctioned.

CHIEF EXECUTIVE OFFICER (C.E.O.)
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