Pro forma for application for advance from Provident Funds

| | advance from Provident Funds |
|-------------------------|------------------------------|
| | Ministry of |
| Application for Advance | Octobrit of |
| Advance f | rom/Office |

Balance outstanding as

on date Rs.....

(Here enter the name of Fund)

- 1. Name of the subscriber
- 2. Account Number (with Departmental
- 3. Designation
- 4. Pay
- Rs. 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 Rs. (iii) Refunds
- Rs. (iv) Withdrawals during the period from
- (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
- Rs..... 7. Amount of advance required Ŕs.
- 8. (a) Purpose for which the advance is required
 - (b) Rules under which the request is

| (c) If advance is sought for House Building, etc., following information may |
|---|
| (i) Location and measurement of the plot |
| (ii) Whether plot is freehold or on lease |
| (iii) Plan for construction |
| 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 |
| where studying Vision College |
| (iii) Whether a day-scholar or a hostler |
| (e) If advance is required for treatment of ailing family members, following details may be given:— |
| (1) Name of the patient and rela- tionship |
| (ii) Name of the Hospital/Dispensary/Doctor where the patient is undergoing treatment |
| (iii) Whether outdoor/indoor notions |
| able or not |
| Note.—In case of advance under 8 (c) to 8 (e), no certificate or |
| 9. Amount of the consolidated advance (items 6 and 7) and number of monthly instalments in which the consolidated advance is proposed to be repaid. |
| stances of the subscriber, justifying the application for the advance |
| 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 |
| Dated: Name Designation Section/Branch |
| Section/Branch |