



राष्ट्रीय लीची अनुसंधान केन्द्र
NATIONAL RESEARCH CENTRE ON LITCHI

मुशहरी प्रक्षेत्र, मुशहरी मुजफ्फरपुर, (बिहार)

Mushahari Farm, Mushahari, Muzaffarpur- 842002 (Bihar)

Contacts: Ph: 0621-2281160

Fax: 0621-2281162

E-mail: nrelitchi@yahoo.co.in



APPLICATION FOR ADVANCE FORM OF G.P.F. FUND

1. Name of the subscriber :-----
2. Account Number :-----
3. Designation :-----
4. Basic Pay :-----
5. Balance as credit as per subscriber on the date of application as below:
 - (a) Closing balance as per statement for the year of -----
 - (b) Credits from -----to-----subscription-----
 - (c) Refund of advance -----
 - (d) Withdrawals during the period from -----to-----
 - (e) Net balance at credit Rs. -----
6. Amount of advance outstanding:-

Amount of advance taken on date of sanction	Balance outstanding as on date
(a) -----	-----
(b) -----	-----
7. Amount of advance required Rs. -----
8. (a) Purpose for which the advance is required -----
(b) Rule under which the request is covered.
(c) If advance is sought for Rouse Building etc.

Following Information May Be Given:-

- (I) Locate on and measurement of the plot:-
- (II) Whether plot is free hold or one leave:-
- (III) Plan for construction:-
- (IV) If the flat or plot being purchased is from a H.M. Society, the name of the society the location and measurement etc. Cost of construction:-
- (V) If the purpose of the flat is from DDA on any Housing Board etc, the location dimension etc, may be given.
 - (d) If advance is required for addition of children following details may be given:-
 - (I) Name of the son/daughter :-
 - (II) Class and Institutional/College where studying :

- (e) If advance is required for treatment of allying family members following details may be given:-
- (I) Name of the patient & relationship:
 - (II) Name of the Hospital/Dispensary/Doctor where the patient is under going treatment :
 - (III) Whether outdoor/indoor patient :
 - (IV) Whether reimbursement available:

NOTE:- In case of advance under 8(C) to 3(e) no certificate of documentary evidence would be required.

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

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

Signature of Applicant

Name: _____

Designation: _____

Section/Branch: _____