

INDIAN COUNCIL OF MEDICAL RESEARCH
V.Ramalingaswami Bhawan, Ansari Nagar, P.B.No.4911, New Delhi-110029

Proforma of Application for Withdrawal for General Provident Fund

Application for withdrawal from _____ GPF _____
(here enter the name of fund)

1. Name of the Subscriber : _____
2. Account Number : _____
3. Designation (with suffix Departmental) : _____
4. Pay : _____
5. Date of joining service and the date of superannuation : _____
6. 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) Refund made to the fund after the closing balance, vide (i) above : _____
 - iv) Withdrawal during the period : _____
from _____ to _____
 - v) Net balance of credit on date of application : _____
7. Amount of withdrawal required : _____
8. a) Purpose for which the withdrawal is required : _____
b) Rule under which the request is covered : _____
9. Whether any withdrawal was taken for the same purpose earlier. If so, indicate the amount and year : _____

Dated: _____

Signature of applicant

Name _____

Designation _____

Section/Branch _____

ADMINISTRATION-I

Accounts-II Section may please indicate the balance at the credit of
Sh. _____ his/her GPF A/c No. _____ On _____

Admn. Officer/Section Officer

Accounts-II Section

The balance at the credit of Shri/Smt./Miss/Dr. _____

As on _____ is detailed below:-

- | | | |
|------|---|-----------|
| i) | Balance as per account slip
of for the year _____ | Rs. _____ |
| ii) | Subsequent deposits and refunds of advances
at the rate P.M. from _____ to _____ | Rs. _____ |
| iii) | Total of Col. (i) and (ii) | Rs. _____ |
| iv) | Subsequent withdrawals, if any | Rs. _____ |
| v) | Balance as on date of sanction Col.
(iii) and (iv) _____ | Rs. _____ |
| vi) | Outstanding Balance | Rs. _____ |