

	ICAR– Central Institute for Research on Goats, Makhdoom, Mathura	Doc. No.: CIRG/IS/23
		Dated: 01/05/19
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APPLICATION FORM FOR G.P.F. WITHDRAWAL

1. Name of the Subscriber :
2. Designation :
3. Division/ Section/ Unit :
4. Pay Level/ Grade Pay :
5. Date of appointment in ICAR :
6. Date of Superannuation :
7. G.P.F. Account Number :
8. Balance at Credit on the date :
of application (if known)
9. a) Amount required for :
withdrawal
- b) Is the application made :
under Rule 15(1)(c) i.e.
one year before the Date
of Superannuation
- c) If no, then please provide :
the purpose for which the
Withdrawal is required
10. Whether any withdrawal was :
taken earlier for the same
purpose. If yes, please
provide the amount and year
of withdrawal.

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

Place:

Dated:

(Signature of the Employee)

To,

The Senior Admin. Officer
ICAR – IIVR, Varanasi.

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Part II

(To be filled in by the D. D. O./ Audit & Accounts Section)

1.	Balance at credit of the subscriber on the date of application is given below:	:	
	i. Closing balance as per the statement for the year.	:
	ii. Credit from..... to..... on account of monthly subscription.	:
	iii. Refunds.	:
	iv. Amount of advance outstanding.	:
	v. Withdrawal during the period fromto.....	:
	vi. Net balance at credit	:
2.	Purpose of earlier advance	:
3.	It is certified that:		
	a. the amount of withdrawal exceeds/ does not exceed six months pay of the applicant or half the amount at his/ her credit/ subscription in the GPF, whichever is less/ 3/4th of the amount of the credit/ subscription of the applicant in the Fund Account.		
	b. the applicant is within 10 years of his retirement on superannuation/ has completed years of his Government Service on		
	c. the total amount drawn, including the withdrawal from the Provident Fund, from all Govt. sources by the applicant for House Building purposes does not exceed the maximum limit prescribed from time to time under Rules 2(a) and 3(b) of the Scheme of the Ministry of Works & Housing for grant of advances for HBA.		

(Note: Strike out which is not relevant)

Place:

Dated:

(Signature of the D.D.O./ F.A.O.)

(With Name & Stamp)

Part III

(To be filled in by the Administrative Office)

(Sanction/ Comments/ Orders on the application for Advance from G. P. F.)

Place:

(Signature of the Sanctioning Authority)

Dated:

(With Name & Stamp)