Application form for advance from Provident Fund

1. Application for advance from:
2. Account No. with Department:
3. Designation:
4. Pay:
5. Balance at credit of the subscriber:
   the date of application as below:
6. Closing balance as per statement:
   for the year
7. Credit from__________to_______
   on________on account of monthly
   subscription
8. Funds
9. Withdrawal during the period from:
   __________to____________
10. Net balance at credit:
11. Amount of advance/outstanding if:
   any and the purpose for which
   advance was taken by them
12. Amount of advance taken:
13. Amount of advance required:
14. Purpose for which the request:
    is covered.
15. Rules under which the request is:
    covered.
16. If advance is sought for building:
    etc, following information may be
    given.
17. Location and measurement of the:
    plot.
18. Whether plot is freehold or on lease:
19. Plan for construction:
20. If the purchase of the first is from:
    DD of any Housing board, etc, the
    location, and dimension etc may be
    given.
21. If advance is required for education:
    of children, following details may be
    given.
22. Name of son/daughter:
23. Classes and institution/college:
24. Whether a day scholar or stay in:
    hostel.
25. If the advance is required for:
treatment of ailing family member
following details may be given.
26. Name of the patient and relation:
27. Name of hospital/dispensary Doctor:
where the patient is undergoing treatment.
28. Whether doctor indoor patient:
29. Whether reimbursement availed or not:

NOTE: Incase of advance under © to
No certificate of documentary evidence could be require.

30. Amount of consolidation advance:
item date and number of monthly installment in which the consolidated advance is proceed to repaid in installment____________________________

31. Full particulars of the peculiarly circumstances of the subscriber justifying the application for the advance____________________________

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

Signature of the applicant.

Name____________________________
Designation________________
Section________________________

______________________________