

FINANCE AND ACCOUNTS DEPARTMENT
NORTH EASTERN HILL UNIVERSITY
SHILLONG

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 freshhold 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 dimation 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.
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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 under going treatment.
28. Whether doctor indoor patient :
29. Whether reimbursement availed or not :

NOTE: In case 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_____
