EMPLOYEE CODE NO. DATE OF JOINING

APPLICATION FOR ADVANCE FROM GPF FUND / CPF FUND

1. Name of the	subscriber	:	
2. Designation		:	
3. Account No.		:MIT/NIC/GPF/	
4. Basic Pay		:Rs	
5. Balance at t	the credit of the subsc	riber on the o	date of application as given below:-
(i) Closing ba the year 200 -	lance as per stateme 200	e nt for :Rs	
	to monthly subscription f		_
	ade to the fund after e vide (i) above.	:Rs	
	I during the periodto	:Rs	
(v) Net baland of application	ce at credit on date _	:Rs	_
6. Amount of a	advance/advances out	standing:	
	Amount of advance to on date of sanction	aken	Balance outstanding as on date
1.			
2.			
7. Amount of	advance required	:Rs	
8.			
a) Purpose for	which the advance is	required:	
b) Rules under	r which the request is	covered:	
c) If advance is sought for House Building etc .following information may be given			
i) Location & the measurement of the plot :			
ii) Whether plo	ot is freehold or on leas	se :	
iii) Plan for construction		:	

iv) If the flat or plot being purchased is from H.B. Society, the name of the society, the location and the measurement etc.

v) Cost of Construction :Rs

vi) If the purchase of flat is from DDA or any Housing Board, Etc. the location, dimension etc. may be given.

- d) If advance is required for education of children following details may be given.
- (i) Name of the son/daughter :
- (ii) Class & Institution/College Where studying :
- (iii) Whether a day scholar or a hosteller :
- e) If advance is required for treatment of availing family members following details may be given:
- (i) Name of the patient and relationship :
- (ii) Name of the hospital/Dispensary/Doctor where Patient is undergoing treatment :
- (iii) Whether Outdoor/Indoor Patient :
- (iv) Whether re-imbursement available or not :

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

- 9. Amount of the consolidated advance (item No. 6
- & 7 and number of the monthly installments in which consolidated advance in proposed to be repaid
- 10. Full particulars of the pecuniary circumstances of the subscriber, justifying the application for the temporary withdrawal.

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

Signature

Name
Designation
Section/Branch
Intercom/Telephone .No
E-mail Dated: