

APPLICATION FOR WITHDRAWAL / ADVANCE FROM GP FUND

1. (a) Name of Subscriber : _____
(b) Designation : _____
(c) Branch / Directorate : _____
(d) Date of joining Govt Service : _____
(e) Date of joining AFHQ : _____
(f) Date of Birth : _____
(g) Basic Pay & Grade Pay : _____
2. GPF Account No. : _____
3. Amount in GPF A/C as on date :-
 - (a) As per CCO9 for the year _____ : _____
 - (b) Contribution during the period :-
From _____ to _____ @ _____ : _____
 - (c) Refund of GPF Advance (if any) :-
From _____ to _____ @ _____ : _____
 - (d) Advance / Withdrawals taken during the
Financial Year _____ : _____
 - (e) Net balance at credit on date of application : _____
4. Amount of Advance outstanding (if any) :-

<u>Date of Advance</u>	<u>Amount</u>	<u>Balance Outstanding</u>
5. Amount of Advance / Withdrawal required : _____
6. Purpose for which the Advance / Withdrawal required : _____
7. Whether any withdrawal was taken for same purpose earlier? If so, indicate the amount and year : _____
8. If Advance is sought for House Building Etc., following information may be given:-
 - (a) Location and measurement of Plot : _____
 - (b) Whether the plot is free hold or on lease hold? : _____
 - (c) Plan for construction : _____
 - (d) If the flat or plot being purchased is from a Housing Society? : _____
 - (e) Cost of Construction : _____

- (f) Whether the purchase of flat is from DDA or any Housing Board etc., : _____
- (g) Whether the cost of construction has to be made through other sources i.e. HBA, Loans from Societies, Bank, other financial institutes etc., also, if so, details thereof : _____

9. If advance is required for education of children, the following details may be given :-

- (a) Name of Son / Daughter : _____
- (b) Class & Institute / College : _____
- (c) Whether day-scholar or not : _____
- (d) Estimated expenditure of a year : _____

10. If advance is required for treatment of ailing family members, the following details may be given below :-

- (a) Name of the patient, relationship and disease suffering from : _____
- (b) Name of Hospital / Dispensary Doctor where the patient is undergoing treatment : _____
- (c) Whether reimbursement is available or not : _____

11. How the amount of consolidated advance (Items 4 & 5) is proposed to be repaid?

- (a) Consolidated Advance : _____
- (b) No. of installments proposed for repayment and rate of monthly installment : _____

12. Full particulars of the peculiar circumstances of the subscriber justifying the application for the Advance / Withdrawals :

13. 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.

Date :

(Signature of the Applicant)