



National Institute of Health & Family Welfare
Application for WITHDRAWAL from General Provident Fund

1. Name of the subscriber :
2. Account Number :
3. Designation (with departmental suffix) :
4. Pay :
5. Date of joining service & the date of superannuation :
6. Balance at Credit of the subscriber on the date of application as below:
 - I. Closing Balance as per statement for the year..... Rs.
 - II. Credit from to..... on Account of monthly subscriptions Rs.
 - III. Refunds made to the fund after the closing balance vide (i) above Rs.
 - IV. Withdrawal during the period from.....to..... Rs.
 - V. Net Balance at credit on date of application..... Rs.
7. Amount of withdrawal required Rs.....
8. (a) Purpose for which the withdrawal is required:.....
(b) Rule under which the request is covered.....
9. Whether any withdrawal was taken for the same purpose earlier. If so, indicate the amount and the year.....
10. Name of the Accounts Officer maintaining the provident fund Account.....

Signature of the applicant

Name.....

Designation.....

Section/Branch.....

Dated:.....