



National Institute of Health & Family Welfare

Application for ADVANCE from G.P.F.

1. Name of the subscriber :
2. Account Number :
3. Designation :
4. Pay :
5. Balance at Credit of the subscriber on the Date of application below:
 1. Closing Balance as per statement for the year..... Rs.
 2. Credit from to..... on account of monthly subscriptions : Rs.
 3. Refunds..... Rs.
 4. Withdrawals during the period from to..... Rs.
 5. Net Balance at credit Rs.
6. Amount of advance/outstanding, if any, and the purpose for which advance was taken by them. Rs.
7. Amount of Advance required: Rs.
8. (A) Purpose for which the advance is required:
(B) Rules under which the request is covered
9. Amount of the consolidated advance (item 6&7) and number of monthly Installments in which the consolidated advance is proposed to be repaid.
10. Full particulars of the pecuniary circumstances of the subscriber, justifying the application for the advance.

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

Signature of the applicant

Name.....

Designation.....

Section/Branch.....

Dated:.....