

**CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE,**  
61-65, Institutional Area Opp. "D" Block Janakpuri, New Delhi - 58

**APPLICATION FOR ADVANCE FROM PROVIDENT FUND**

**Application for Advance from**

- |     |  |   |
|-----|--|---|
|     | .....  | (Here enter the name of fund)             |
| 1.  | <b>Name of the subscriber</b>  | .....                                     |
| 2.  | <b>Account Number (with departmental suffix)</b>   | .....                                     |
| 3.  | <b>Designation</b>   | .....                                     |
| 4.  | <b>Basic Pay</b>   | Rs. ....                                  |
| 5.  | <b>Balance at credit of the subscriber on the date of application as below</b>   |   |
|     | (i) <b>Closing balance as per statement for the year.....</b>  | Rs. ....                                  |
|     | (ii) <b>Credit from .....to.....on account of monthly subscription</b>   | Rs. ....                                  |
|     | (iii) <b>Refunds</b>   | Rs. ....                                  |
|     | (iii) <b>Withdrawal during the period from.....to.....</b>   | Rs. ....                                  |
|     | (v) <b>Net balance at credit</b>   | Rs. ....                                  |
| 6.  | <b>Amount of advance /outstanding, if any, and the purpose for which advance was taken by them:</b>  |   |
|     | <b>Amount of advance taken</b>   | <b>Balance outstanding as on dt. ....</b> |
|     | Rs. ....   | Rs. ....                                  |
| 7.  | <b>Amount of advance required</b>  | Rs. ....                                  |
| 8.  | (a) <b>Purpose for which the advance required.</b>   | .....                                     |
|     | (b) <b>Rule under which the request is Covered.</b>  | .....                                     |
| 9.  | <b>Amount of the consolidated advance (item 6 and 7) and number of monthly instalments in which the consolidated advance is proposed to be repaid.</b> | Rs. .... in ..... instalments             |
| 10. | <b>Full particulars of the pecuniary circumstances of the subscriber, justifying the application for the advance.</b>                                  |   |

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

**Signature of Applicant**  
Name.....  
Designation.....  
Institute/Unit

**Dated:.....**