

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

APPLICATION FOR WITHDRAWAL FROM PROVIDENT FUND

Application for withdrawal from

(Here enter the name of the fund)

1. Name of the subscriber _____
2. Account Number CPF/GPF _____
3. Designation _____
(With departmental suffix)
4. Basic pay Rs. _____
5. Date of joining service and the date of superannuation _____
6. Balance at credit of the subscriber on the date of application as bellow
 - (i) Closing balance as per statement for the year _____ Rs. _____
 - (ii) Credit from _____ to _____ on account of monthly subscriptions Rs. _____
 - (iii) Refund made to the fund after the closing balance 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 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 A/C _____

Signature of Applicant

Name.....

Designation.....

Institute/Unit.....

Dated:.....