FORM NO. 1
APPLICATION FOR THE ADVANCE FROM I. C. M. R
GENRAL /CONTRIBUTORY PROVIDENT FUND

1.	Name of the subscriber (In Block letters)	
2.	GPF / CPF Account No.	
3.	Pay (Basic)	
4.	Designation	
5.	Balance at credit of the subscriber on the date of application as below (a) Closing balance as per statement for the year (b) Credit from ……...To …….. On account of monthly subscription (c) Refunds (d) Withdrawals during the period From …… to …… (e) Net Balance at credit	 Rs…… Rs…… Rs…… Rs…… Rs……
6.	Amount of advance / outstanding if any and the purpose for which advance was taken then	
7.	Amount of advance required	
8.	(a) purpose for which the advance is required.	
	(b) Rules under which the request is covered .	
9.	Amount of the consolidated advance (items 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.	
11.	Name of office/unit /Enquiry, etc…….	

STATION: PUNE

SIGNATURE OF THE APPLICANT.

Name :
Designation :
Section :

FORM- III

APPLICATION FOR THE WITHDRAWAL FROM I. C.M.R

GENERAL/CONTRIBUTORY PROVIDENT FUND

1.Name of the Suborder (in Block Letters)	
2.GPF/CPF Amount No.	A/C. No.
3. Designation	
4. Pay (Basic)	Rs.
5. Date of Joining Service and the Date of Superannuation	
6. Balance at credit of the subscriber on the date of application as below. (a) Closing Balance a per statement for the year 20 (b) Credit from April 20 to 20 on account of Monthly subscription (c) Refund made In the fund after the Closing Balance. Vide (1) above (d) Withdrawals during the period April 20 to 20 . (e) Net Balance at Credit on date of application. 7. Amount of withdrawal required.	 Rs. Rs. Rs. Rs. Rs. Rs.
6. (a) Purpose for which the withdrawal is required, (b) Rules 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	Accounts Officer ICMR, NEW DELHI - 110 029

Place: PUNE-1
Date :

Signature of the Applicant
Name:

Designation:

Section: