

FORM E -1
PROFORMA FOR APPLICATION FOR NON REFUNDABLE ADVANCE
FROM PROVIDENT FUNDS.

Department of _____

Department of _____/Office

Application for withdrawal from _____
(Here enter the name of Fund)

1. Name of the subscriber :
2. Account Number :
3. Designation(with Departmental suffix) :
4. Pay :
5. Date of joining service and 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 _____
 - (ii) Credit from _____ to _____ on account of monthly subscription.
 - (iii) Refunds made to the fund after the closing balance, vide (i) above. :
 - (iv) Withdrawal during the period from _____ from _____ to _____ :
 - (v) Net balance at credit on date of application :
7. Amount of withdrawal required. :
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 Applicant

Name _____

Designation _____

Department/Branch _____

Station :

Date :