

GOVT. MEDICAL COLLEGE & HOSPITAL, CHANDIGARH

(Accounts Branch, Block-D, Sector 32, Ph. 0172-2665253-57, Fax No. 0172-2609360)

Refundable/Non-Refundable

APPLICATION FOR WITHDRAWAL FROM GENERAL PROVIDENT FUND

1.	Name of the applicant	
2.	Father's/Husband's name	
3.	Applicant's Designation & Department	
4.	Employee Code No.	
5.	General Provident Fund Account No.	
6.	Residential Address	
7.	Date of joining, Govt. service	
8.	Date of retirement	
9.	Present Basic pay of the applicant	
10.	Balance at credit in the GPF Fund of the subscriber on the date of application a) Closing balance as per Annual statement for the year _____ b) Deposits during the period from _____ to _____ on account of monthly subscription c) Withdrawal during the period from _____ to _____ d) Refund during the period from _____ to _____ e) Net balance at credit in the subscriber's fund	 _____ _____ _____ _____ _____
11.	Amount of GPF advance required to be withdrawn (Refundable/Non-refundable).	
12.	Purpose for which the advance is required to be withdrawn.	
13.	Whether advance for similar purpose was obtained previously, and if so a) Date of drawl of advance b) Amount of advance still outstanding, if any	 _____ _____
14.	Amount of consolidated advance taken and number of monthly installment in which the consolidated advance is desired to be repaid.	
15.	Amount withdrawn in the Current Financial Year	
16.	Full particular of Pecuniary circumstances of the subscriber justifying the application for withdrawal of GPF advance	

Dated :

Signature of the applicant

Name _____

Designation _____

Department _____

Employee Code _____

Dated :

UNDERTAKING

I, _____ S/o/D/o Sh. _____ resident of # _____
_____, do hereby solemnly affirm and declare as under :-

1. That I am working as _____ in G.M.C.H. Sector 32, Chandigarh since _____
2. That my GPF Account No. is CHD-MED-_____.
3. That I want to withdraw a sum of Rs. _____/- from my above said GPF Account as Non-Refundable/Refundable basis for the purpose of _____
4. That I have never withdrawn any non-refundable/Refundable GPF advance for the purpose of _____.
5. That I shall use the said amount for the purpose for which the same is being withdrawn and not for any other purpose.
6. That I will submit the utilization certificate within one month from the date of its withdrawl.

Declaration

I certify that the above information furnished by me with GPF application Form as well as in the above undertaking is true to the best of my knowledge and belief, and nothing has been concealed therein. I shall be responsible for furnishing my false information or found incorrect at any later stage. In case of any concealment or misrepresentation, I shall be liable for legal action, which may be taken against the culprit under section 182 IPC, Section 415 read with section 417 and 420 as the case may be.

Signature of the applicant

Name _____

Designation _____

Department _____

Employee Code _____

Dated :