

Proforma for application for withdrawal from Provident Fund

Rajkumari Amrit Kaur College of
Nursing, Lajpat Nagar, N. Delhi.

Application for withdrawal from _____

(Here enter the name of the Fund)

1. Name of the Subscriber :
2. Account Number :
3. Designation (with departmental suffix)
4. Pay : Rs.
5. Date of joining service and the date of superannuation
6. Balance at credit of the subscriber on the date of application below :
 - i) Closing balance as per statement for the year
 - ii) Credit from to on account on monthly subscription
 - iii) Refunds made to the Fund after the closing balance, vide (i) above
 - iv) Withdrawal during the period 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 Account Officer maintaining the Provident Fund Account.

Signature of Applicant

Name

Designation

Section / Branch

Dated :

RB
1/11/93
