CENTRAL TOBACCO RESEARCH INSTITUTE (Indian Council of Agricultural Research) RAJAHMUNDRY - 533 105.

APPLICATION FOR ADVANCE FROM GENERAL PROVIDENT FUND

1.	Nar	me of the subscriber	:			1
2.	GP	F Account No.	o to		i va od govern Strenovnikih ne	t
3.	Des	ignation	:		in Lb 1	
4.	Bas	ic pay	· No. 16			
4	(a) l	Date of superannuation	:			
5.		ance at credit of the subscriber on the date	uson b Svenan	ú str in s		ji G
	-	Closing balance as per statement for the year				
ei Vije	,	Credits from to				
	iii)	Refund of Advance/ Advances				
	iv)	Withdrawals during the period from toto				
	v) 1	Net Balance at credit	EV.		36.78	1
6.	Amo	unt of Advance/ Advances outstanding				
			nego.	Polone	naibtending	. 6
	Amount of advance taken Balance outstanding and date of sanction as on date					
	1	in the second se		1:	ni dist	
	2		er i	2	· · · · · · · · · · · · · · · · · · ·	
7.	Amo	unt of advance required	6. 500	Site of	Service	
8,	a)	Purpose for which the advance is required	•		. A landy	50
	b)	Rules under which request is covered				
	c)	If advance is sought for House Building	Table	n i sen i	in early	3
		etc. following information may be given				
	i)	etc. following information may be given Location and measurement of the plot	:			•
	i) ii)	etc. following information may be given	:			*.
		etc. following information may be given Location and measurement of the plot Whether the plot is freehold of on	:			*.
	ii)	etc. following information may be given Location and measurement of the plot Whether the plot is freehold of on lease.	:	***************************************		

V)

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vi)	If the purchase of the flat is from DDA or any Housing Board, etc. the location dimension etc. may be given	Section South West Follow
d)	If advance is required for education o children following details may be given_	f :
i)	Name of the son/ daughter	
ii)	Class & Institution/College where studying	•
iii)	Whether a day scholar or a hostler	dulin majorija k
	If advance is required for treatment of ailing family members, following details may be given	er elegitusse i seg en echelor ele
i)	Name of the patient and relationship	
ii)	Name of the Hospital/ Dispensary Doctor where the patient as under going treatment.	
iii)	Whether out door/indoor	
iv)	Whether reimbursement available on not	
Note : Inc	case of advance under 8 (c) to 8 (e) no cert nentary evidence would be required	tificate
Amount of number of Rs to be repa	of the consolidate advance (item 6 & 7) and of the monthly instalments in which the consolidated advance is propose paid in instalments	e
the subso	iculars of the pecuniary circumstances of scriber justifying the application for the ry withdrawal	Do es se a approprio de s
	ify that particulars given above are correct a edge and belief and that nothing has been	
, i		Apate Carlos Section 19
	10 10 10 mm	Statement of the second
DATE:	Nam Desi	gnation:
	Sect	ion/Division:

Recommendations of the Divn. /Section Head:

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