## GOVERNMENT OF INDIA MINISTRY OF COMMUNICATIONS & INFORMATION TECHNOLOGY DEPARTMENT OF INFORMATION TECHNOLOGY NATIONAL INFORMATICS CENTRE

## EMPLOYEE CODE NO.

## APPLICATION FOR ADVANCE FROM GPF FUND / CPF FUND

1. Name of the subscriber

2.	Designa	tion	:
3.	Account	No.	:MIT/NIC/GPF/
4.	Basic Pa	у	:Rs
5.	Balance at the credit of the subscriber on the date of application as given below:-		
	<b>(i)</b>	Closing balance as per states the year 200 -200	nent for :Rs
	(ii)	Credit from to on account of monthly subscri	ption form :Rs
	(iii)	Refund made to the fund after closing balance vide (i) above	e. :Rs
	(iv)	Withdrawal during the period from to	:Rs
	(v)	Net balance at credit on date of application	:Rs
6.	Amount of advance/advances outstanding:		
		Amount of advance taken on date of sanction  1.	Balance outstanding as on date
		2.	
7. Amount of advance required :Rs			
8.	<ul> <li>a) Purpose for which the advance is required</li> <li>b) Rules under which the request is covered</li> <li>c) If advance is sought for House Building etc .following information may be given</li> <li>i) Location &amp; the measurement of the plot :</li> </ul>		
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	ii) Whether plot is freehold or on lease :		

- iii) Plan for construction
- iv) If the flat or plot being purchased is from H.B. Society, the name of the society, the location and the measurement etc.
- v) Cost of Construction

:Rs

- vi) If the purchase of flat is from DDA or any Housing Board, Etc. the location, dimension etc. may be given.
- d) If advance is required for education of children following details may be given.
  - (i) Name of the son/daughter
  - (ii) Class & Institution/College Where studying
  - (iii) Whether a day scholar or a hosteller
- e) If advance is required for treatment of availing family members following details may be given:
  - (i) Name of the patient and relationship
  - (ii) Name of the hospital/Dispensary/Doctor where Patient is undergoing treatment
  - (iii) Whether Outdoor/Indoor Patient
  - (iv) Whether re-imbursement available or not

NOTE: In case of advance under 8© to 8 (e), no certificate of documentary evidence would be required.

- Amount of the consolidated advance (item No. 6 & 7 and number of the monthly installments in which consolidated advance in proposed to be repaid
- 10. Full particulars of the pecuniary circumstances of the subscriber, justifying the application for the temporary withdrawal.

I certify that the particulars given above are correct and complete to the best of my knowledge and belief and that nothing has been concealed by me.

Signature