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APPLICATION FOR ADVANCE FROM GENERAL PROVIDENT FUND

[vide Form-3 under Appendix-D of Swamy's Compilation of GPF Rules]

Department/HQrs: _____

Section: _____

1.	Name of the Subscriber :	
2.	Designation :	
3.	Account No.:	
4.	Basic Pay + Grade Pay:	Rs. _____ + Rs. _____
5.	Balance at the credit of the subscriber on the date of application as given below:-	
	(i) Closing balance as per statement for the year _____ :	(i) Rs. _____
	(ii) Credit from _____ to _____ to the a/c @ monthly subscription of Rs. _____	(ii) Rs. _____
	(iii) Refund made to the fund after closing balance vide (i) above :	(iii) Rs. _____
	(iv) Withdrawal during the period from _____ to _____ :	(iv) Rs. _____
	(v) Net balance at credit on date of application [(i)+(ii)+(iii) - (iv)]:	(v) Rs. _____
6.	Amount of advance / advances <u>outstanding</u> :	
	(i) TOTAL amount of advance taken so far [multiple outstanding advances must be added]	(i) Rs. _____
	(ii) Date of sanction(s) :	(ii) _____
	(iii) Balance outstanding as on date	(iii) Rs. _____
7.	Amount of advance required <u>at present</u>	Rs. _____
8.	(a) Purpose for which the advance is required	(a) _____
	(b) Rules under which the request is covered	(b) _____
	(c) If advance is sought for House Building, etc. further information as stated below may be given	
	(i) Location and Measurement of the plot:	(i) _____
	(ii) Whether plot is freehold or on lease:	(ii) _____
	(iii) Plan for construction	(iii) _____
	(iv) If the flat or plot being purchased is from H.B. Society, the name of the society, the location and the measurement, etc.	(iv) _____
	(v) Cost of construction	(v) _____

	(d) If advance is required for education of children following details may be given	
	(i) Name of the son/daughter	(i)
	(ii) Class & Institution/College where studying	(ii)
	(iii) Whether a day scholar or a hosteller	(iii)
	(e) If advance is required for treatment of ailing family members, following details may be given:	
	(i) Name of the patient and relationship	(i)
	(ii) Name of the hospital/dispensary/clinic where patient is undergoing treatment	(ii)
	(iii) Whether Outdoor/Indoor Patient	(iii)
	(iv) Whether reimbursement available or not	(iv)
NOTE: In case of advance under 8(c) to 8 (e), no certificate or documentary evidence would be required		
9.	(a) Amount of the consolidated advance [Item Nos. 6 + 7] and (b) Number of the monthly installments in which consolidated advance is proposed to be repaid	(a) Rs. (b)
10.	Full particulars of the pecuniary circumstances of the subscriber, justifying the application for the temporary withdrawal, if so	

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 of the applicant)

Date: _____