

**PROFORMA FOR APPLICATION FOR WITHDRAWAL FROM
PROVIDENT FUNDS**

**Ministry of Health and Family Welfare Department of Indian Council of Medical Research
Office of Institute of Immunohaematology, Mumbai.**

Application for withdrawal from General Provident Fund.

1. Name of the Subscriber :
2. Account Number :
3. Designation (with department suffix) :
4. Pay :
5. Date of joining service and the date of superannuation :
6. Balance credit of the subscriber on the date of application as below :
 - (i) Closing balance as per statement for the year :
 - (ii) Credit from April to :
 - (iii) Refunds made to the fund after the closing balance, vide (i) above :
 - (iv) Withdrawal during the period from :
 - (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 : Account Officer, Indian Council of Medical Research, Ansari Nagar, New Delhi - 29

Dated :

Place :

Signature of Applicant

Name :

Designation :

Section : National Institute of Immunohaematology
(I.C.M.R.), Mumbai - 12.