

भा.कृ.अनु.प. – राष्ट्रीय कृषि आर्थिकी एवं नीति अनुसंधान संस्थान (नीपा), देव प्रकाश  
शास्त्री मार्ग, पूसा, नई दिल्ली – 110012

ICAR – National Institute of Agricultural Economics & Policy Research (NIAP) Dev  
Prakash Shastri Marg, Pusa, New Delhi – 110 012

URL: <https://niap.res.in/>

### APPLICATION FOR ADVANCE FROM PROVIDENT FUND

1. Name of the subscriber: \_\_\_\_\_
2. Account No. (G.P.F./C.P.F.): \_\_\_\_\_
3. Designation: \_\_\_\_\_
4. Pay: \_\_\_\_\_
5. Balance at credit of the subscriber on the date of application as below:
  - i) Closing balance as per statement for the year \_\_\_\_\_
  - ii) Credit from \_\_\_\_\_ to \_\_\_\_\_ on account of monthly subscription
  - iii) Refund made, if any, after the closing balance vide as above
  - iv) Withdrawal during the period from \_\_\_\_\_ to \_\_\_\_\_
  - v) Net balance at credit on the date of application \_\_\_\_\_
6. Amount of outstanding advances, if any, and purpose for which advance was taken \_\_\_\_\_
7. Amount of advance required: \_\_\_\_\_
8. Purpose for which the advance is required:
  - (a) Rules under which the request is covered \_\_\_\_\_
  - (b) If advance is sought for House Building etc., following information may be given:
    - Location and measurement of the plot
    - Whether plot is freehold or on lease
    - Plan for construction
    - If the flat or plot being purchased is from H.B. Society, name, location, measurement etc.
    - Cost of construction
    - If the purchase of flat is from D.A.R. or Housing Board, location and dimension details
  - (c) If advance is required for education of children, following details may be given:
    - Name of son/daughter
    - Class & Institution
    - Whether day scholar or hosteller

(d) If advance is required for treatment of family members, following details may be given:

- Name of member
- Relationship
- Nature of illness
- Name of hospital/doctor
- Amount likely to be spent

9. **If the application is for a consolidated advance, the amount of consolidated advance requested under item (6) & (7) and the number of monthly installments in which the consolidated advance is proposed to be repaid.** \_\_\_\_\_

10. **Name of the Account Officer maintaining the provident fund account:** \_\_\_\_\_

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

**Date**

**Signature of applicant**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_