PERFORMA FOR APPLICATION FOR ADVANCE FORM PROVIDENT FUNDS

Ministry of ............................................

Department /Office of .................................

Application for advance form ..........................................................

(Here enter the name of Fund)

1. Name of the subscriber .........................................................
2. Account Number .................................................................
   (with departmental Suffix)
3. Designation ...............................................................
4. Pay .................................................................
5. Balance at credit of the subscriber on the date of application as below:-
   i) Closing balance as per ..................................................
   ii) Credit from.............to .............on account of monthly
       subscription.
   iii) Refunds..........................................................
   iv) Withdrawals during the Period from.............to...........
       ........................................
   v) Net balance at credit ..................................................
6. Amount of advance/outstanding If any, and the purpose for which
   Advance was taken then. ..................................................
7. Amount of advance required. .............................................
8. a) Purpose for which the advance
     is required. ..................................................
     b) Rules under which the request
        is covered. ..................................................
9. Amount of the consolidated advance
   (items 6 and 7) and number of monthly
   installments in which the consolidated
   advance is proposed to be repaid. ..................................
10. full particulars of the pecuniary
    circumstances of the subscriber,
    justifying the application for the
    advance. ..................................................

Dated:-  

Signature of applicant

Name.............................................
Designation....................................
Section/Branch.............................