

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

J.L.N.B.C.A.H.A.B., No. 61-65, Institutional Area, Opp. D Block, Janakpuri, New Delhi -58

Application for withdrawal from C.P.F/G.P.F

1. Name of the subscriber :
2. Account Number :
3. Designation (with departmental suffix). :
4. Pay :
5. Date of joining service and the date of superannuation :
6. Balance at Credit of the subscriber on the date of application as below:-
 - a. Closing balance as per statement for the year _____ :
 - b. Credit from _____ to _____ on account of monthly subscriptions. :
 - c. Refunds made to the fund after the closing balance, vide (1) above. :
 - d. Withdrawal during the period from _____ to _____ :
 - e. 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. :

Signature of Applicant

Name _____

Designation _____

Section/Branch _____

Dated: _____