

**CENTRAL AGRICULTURAL RESEARCH INSTITUTE
PORT BLAIR – 744 101**

PROFORMA FOR APPLICATION FOR WITHDRAWAL FROM PROVIDENT FUND

Ministry of :

Department of : office

Application for withdrawal from.....
(here enter the name of the fund)

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 :
 - (i) Closing balance as per statement for the year :
 - (ii) Credit from to on account of monthly subscriptions. :
 - (iii) Refunds made to the fund after the closing balance vide (i) above :
 - (iv) Withdrawal during the period from..... to :
 - (v) Net balance at credit on date of application :
 - (vi) Amount of withdrawal required :
- 7 (a) Purchase for which the withdrawal is required :
(b) Rule under which the request is covered :
8. Whether any withdrawal was taken for the same purpose earlier. If, so indicate the amount and the year. :
9. Name of the Accounts Officer maintaining the provident fund Account :

Dated :

Signature of Applicant

Name.....

Designation.....

Section/Branch.....