

*(1) NAME OF BANK: UCO/SBOP

*(2) Account No.

*(3) IFSC Code No

**DR .Y. S. PARMAR UNIVERSITY OF HORTICULTURE & FORESTRY, NAUNI-SOLAN
APPLICATION FOR WITHDRAWAL OF GPF**

Note:- * 1,2,3 are compulsory to fill up

1	NAME OF THE SUBSCRIBER	
2	GPF ACCOUNT No.	G-0
3	DESIGNATION/DEPARTMENT	
4	DATE OF JOINING THE SERVICE	
5	DATE OF SUPERANNUATION	
6	BASIC PAY	Rs.
7	BALANCE AT THE CREDIT OF THE SUBSCRIBER ON THE DATE OF APPLICATION BELOW :-	
	I) CLOSING BALANCE AS PER STATEMENT (31.3.18)	Rs.....Rupees.....)only
	II) CREDITING FROM 01/04/17 to date	Rs.
	III) REFUND MADE TO THE FUNDS AFTER CLOSING BALANCE VIDE (i) ABOVE	(_)Rs.
	IV) NET BALANCE AT THE CREDIT ON DATE OF APPLICATION	Rs.....Rupees.....)only
8	AMOUNT OF WITHDRAWAL REQUIRED	Rs.....Rupees.....)only
9	PURPOSE FOR WHICH WITHDRAWAL	
10	AMOUNT ADMISSIBLE AS PER GPF RULES	
11	RULE UNDER WHICH WITHDRAWAL REQUEST IS COVERED	
12	WHETHER ANY WITHDRAWAL WAS TAKEN FOR THE SAME PURPOSE EARLIER, IF SO INDICATE THE AMOUNT AND YEAR.	
13	NAME OF THE ACCOUNTS OFFICER MAINTAINING THE GPF/CPF ACCOUNT.	COMPTROLLER, UH&F.

Dated: -

SIGNATURE OF APPLICANT _____

NAME:

The balance as shown in Column No.7 has been verified
From the ledger & other records maintained in this office.

DDO,
Office of Comptroller