

	<u>ISO 9001 : 2015 DOCUMENT</u>		Doc. No.: IIVR/IS15/21
	ICAR – Indian Institute of Vegetable Research, Varanasi		Dated: 12/03/18
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**APPLICATION FORM FOR G.P.F. ADVANCE**

1. Name of the Subscriber : .....
2. Designation : .....
3. Division/ Section/ Unit : .....
4. Pay Level/ Grade Pay : .....
5. Date of appointment in ICAR : .....
6. Date of Superannuation : .....
7. G.P.F. Account Number : .....
8. Balance at Credit on the date :  
of application (if known) .....
9. If any advance is outstanding, :  
please provide details of the  
outstanding amount and the  
purpose for which advance  
was taken? .....
10. Amount of advance required : .....
11. i. Purpose for which advance :  
is required .....
- ii. If advance is sought for :  
House Building etc., please  
provide the followings: .....
- a. Location & measurement :  
of the plot. ....
- b. Whether plot is free hold :  
or on lease? .....
- c. Plan for Construction : **Enclosed/ Not Enclosed**
- d. Details of the Group :  
Housing Society/ Builder  
from whom purchase is  
being made? .....
- e. Cost of construction : .....
- f. If the purchase of flat is :  
from DDA or any other  
State/ City Dev. Authority  
or any Housing Board, etc.  
the location, dimension etc.  
may be given. ....



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**iii. If advance is required for :  
education of children,  
please provide the  
followings:** .....

**a. Name of the son/ daughter. :** .....

**b. Class & Institution/ :  
College where studying.** .....

**c. Whether a day scholar or :  
a hostler?** .....

**iv. If advance required for :  
treatment of ailing family  
member(s), please provide  
the followings:** .....

**a. Name of the patient & :  
relationship with the  
employee.** .....

**b. Name of the Hospital/ :  
Dispensary/ Doctor where  
the patient is undergoing  
treatment.** .....

**c. Whether outdoor/ indoor :  
patient?** .....

**d. Whether reimbursement is :  
available or not?** .....

**12. Number of monthly :  
instalments in which the  
consolidated advance (total of  
items 9 & 10) is proposed to  
be repaid** .....

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

**Place:**

**Dated:**

**Signature of the Employee**

**To,**

**The Senior Admin. Officer**

**ICAR – IIVR, Varanasi.**

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**Part II**

(To be filled in by the D. D. O.)

<b>1. Balance at credit of the subscriber on the date of application is given below:</b>	:	
		.....
<b>i. Closing balance as per the statement for the year.</b>	:	.....
<b>ii. Credit from .....</b>	:	.....
<b>to..... on account of monthly subscription.</b>		.....
<b>iii. Refunds.</b>	:	.....
<b>iv. Amount of advance outstanding.</b>	:	.....
<b>v. Withdrawal during the period from .....to.....</b>	:	.....
<b>vi. Net balance at credit</b>	:	.....
<b>2. Purpose for which earlier advance was taken</b>	:	.....

**Place:**

**Dated:**

(Signature of the D.D.O.)

(With Name & Stamp)

**Part III**

(To be filled in by the Administrative Office)

(Sanction/ Comments/ Orders on the application for Advance from G. P. F.)

**Place:**

(Signature of the Sanctioning Authority)

**Dated:**

(With Name & Stamp)