

**NATIONAL INSTITUTE OF EPIDEMIOLOGY (ICMR)
AYAPAKKAM, CHENNAI 600 077**

**APPLICATION FOR ADVANCE FROM CONTRIBUTORY / GENERAL
PROVIDENT FUND**

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| (1) | Name of the Subscriber | |
| (2) | Account Number (With Departmental Suffix) | |
| (3) | Designation | |
| (4) | (A) Pay | |
| | (B) Dearness Pay | |
| | (C) Dearness Allowance | |
| (5) | Balance at credit of the subscriber on the date of application | |
| | (A) Closing balance as per the Statement for the year 20 - 20 | |
| | (B) Credit on account of monthly subscription @ Rs. from March 20 to Rs. from to Rs. from to | |
| | (C) Refunds @ Rs. from to Rs. from to Rs. from to | |
| | (D) Total (A + B + C) | |
| | (E) Advance / Withdrawal during the year | |
| | (F) Nett balance at credit (D - E) | |
| (6) | (A) Amount of earlier advance outstanding, if any | |
| | (B) Purpose for which advance was taken earlier | |
| | (C) Amount of advance taken earlier | |
| (7) | Amount of Advance required | |
| (8) | (A) Purpose for which the advance is required | |
| | (B) Rules under which the request is covered | |
| | (C) If advance is sought for purchase of Plot / House Building, etc., the following information may be given (a) Location of the Plot (b) Measurement of the Plot (c) Whether the Plot is free hold or on lease (d) Whether plan has been obtained (e) If the Plot / Flat being purchased is from a Housing Board / Society / DDA, give the name of the same (f) Cost of the Plot / Construction | |

| | | |
|------|---|--|
| | (D) If advance is required for education of children, the following details may be given (a) Name of the Son / Daughter (b) Class and Institute / College where studying (c) Whether a Day Scholar or a Hostler | |
| | (E) If advance is required for treatment of ailing family members, the following details may be given (a) Name of the Patient and relationship (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 | |
| | <u>Note:</u> In case of advance, under 8 (C) to 8 (E), no certificate or documentary evidence would be required. | |
| (9) | (A) Amount of the consolidated advance (Item 6A + 7) | |
| | (B) Number of monthly instalments in which the consolidated advance is proposed to be repaid | |
| | (C) Monthly Instalment amount | |
| (10) | Full particulars of the pecuniary circumstances of the subscriber justifying the application for the advance | |

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

Place :

Date :

Signature of the Applicant :

Name of the Applicant :

Designation :

Office / Section :