

INDIAN COUNCIL OF AGRICULTURAL RESEARCH

INDIAN INSTITUTE OF VEGETABLE RESEARCH

Post Bag No. 01, P. O. Jakhini (Shahanshahpur), Varanasi – 221305

APPLICATION FORM FOR WITHDRAWAL FROM G.P.F.

1. Name of the subscriber :
2. Account Number :
3. Designation (with department 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 :
7. Amount of withdrawal required :
8. i) Purpose for which required :
- ii) Rule under which request is covered :
9. Whether any withdrawal was taken for the same purpose earlier. Is as indicate the amount the year :

Dated:

Signature of Applicant

Place: