

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

**APPLICATION FOR WITHDRAWAL FROM GENERAL PROVIDENT FUND**

(1)	Name of the Subscriber	
(2)	Account Number (With Departmental Suffix)	
(3)	Designation	
(4)	(A) Pay	
	(B) Dearness Pay	
	(C) Dearness Allowance	
(5)	(A) Date of joining service	
	(B) Date of superannuation	
(6)	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)	
(7)	<b>Amount of withdrawal required</b>	
(8)	(A) Purpose for which the withdrawal is required	
	(B) Rules under which the request is covered	
(9)	(A) Whether any withdrawal was taken for the same purpose earlier	
	(B) If so, indicate the amount and the year	
(10)	Name of the Accounts Officer maintaining the Provident Fund Account	

Signature of the Applicant :

Name of the Applicant :

Designation :

Office / Section :

Place :

Date :