**भा.कृ.अनु.प. – राष्ट्रीय कृषि आर्थिकी एवं नीति अनुसंधान संस्थान (नीपा), देव प्रकाश शास्त्री मार्ग, पूसा, नई दिल्ली – 110012**

**ICAR – National Institute of Agricultural Economics & Policy Research (NIAP) Dev Prakash Shastri Marg, Pusa, New Delhi – 110 012**

**URL:** [**https://niap.res.in/**](https://niap.res.in/)

**APPLICATION FOR WITHDRAWAL OF GPF ADVANCE**

(To be submitted in duplicate)

To
The Head of Office,
Indian Council of Agricultural Research,
Krishi Bhawan, New Delhi – 110 012

| **Item No.** | **Particulars** | **Details** |
| --- | --- | --- |
| 1 | Name of Government Servant |  |
| 2 | Designation |  |
| 3 | Office/Department |  |
| 4 | Employee ID/GPF Account Number |  |
| 5 | Amount of Advance required (in figures/words) | Rs. \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6 | Purpose of Withdrawal |  |
| 7 | Date of last GPF advance received |  |
| 8 | Amount of last advance | Rs. \_\_\_\_\_\_\_\_ |
| 9 | Total subscription balance available | Rs. \_\_\_\_\_\_\_\_ |

I hereby declare that the above particulars are true and correct to the best of my knowledge and belief. I agree to abide by the General Provident Fund Rules for the advance sanctioned.

**Signature of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommended/Forwarded by:**

| **Designation** | **Signature** | **Date** |
| --- | --- | --- |
| Head of Section/Branch |  |  |
| Head of Department |  |  |

**Sanctioned by:**

| **Authority** | **Signature** | **Date** |
| --- | --- | --- |
| Competent Authority |  |  |

**(Office use only):**

| **Verified GPF Balance (Rs.)** | **Installments fixed for recovery** |
| --- | --- |
|  |  |