**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 ADVANCE FROM PROVIDENT FUND**

1. **Name of the subscriber:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Account No. (G.P.F./C.P.F.):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Designation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Pay:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **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 subscription
  iii) Refund made, if any, after the closing balance vide as above
  iv) Withdrawal during the period from \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_
  v) Net balance at credit on the date of application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **Amount of outstanding advances, if any, and purpose for which advance was taken** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. **Amount of advance required:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. **Purpose for which the advance is required:**
  (a) Rules under which the request is covered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  (b) If advance is sought for House Building etc., following information may be given:
    - Location and measurement of the plot
    - Whether plot is freehold or on lease
    - Plan for construction
    - If the flat or plot being purchased is from H.B. Society, name, location, measurement etc.
    - Cost of construction
    - If the purchase of flat is from D.A.R. or Housing Board, location and dimension details
  (c) If advance is required for education of children, following details may be given:
    - Name of son/daughter
    - Class & Institution
    - Whether day scholar or hosteller
  (d) If advance is required for treatment of family members, following details may be given:
    - Name of member
    - Relationship
    - Nature of illness
    - Name of hospital/doctor
    - Amount likely to be spent
9. **If the application is for a consolidated advance, the amount of consolidated advance requested under item (6) & (7) and the number of monthly installments in which the consolidated advance is proposed to be repaid.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. **Name of the Account Officer maintaining the provident fund account:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Date**

**Signature of applicant**
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_