

Atal Medical and Research University, H.P.
 (A State Govt. University)
 (SLBS Medical College & Hospital Campus, Ner Chowk, Mandi, H.P.)

Provident Fund Section
APPLICATION FOR ADVANCE(GPF/CPF)

1. Refundable Non-Refundable 1st Advance 2nd Advance
(tick one) (tick one)
2. Name of Subscriber:-
3. GPF/CPF Account No
4. Saving Account No
5. Branch/Designation
6. Dated of Birth Age
7. Amount of advance required in Rupees
8. Purpose for which the advance is required (under GPF rules)

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

Mobile No: Office No (Signature of applicant)

Dated:- _____
 (Full Name with Designation)

Forwarded By:- _____
 (Branch Officer/Head of Deptt.)

(For Use of Provident Fund Section only)

1. Date and amount of last advance taken (If any):-
2. Rate & Total instalments of previous advance
3. Balance as on
- Less advance, if any
- Net Balance as on
- Subs. w.e.f. to
- Refund of loan to
- NCPF if any to
- Amount admissible + Previous Balance Total
- +Non Refundable:- Total -Non Refunable
- Total:- Grand Total
- To be recovered in instalments @ From Payable in
