

Atal Medical & Research University, H.P.

(A State Government University)

(SLBS Govt. Medical College & Hospital Campus, Nerchowk, Mandi, H.P.)

Providing Fund Section APPLICATION FOR ADAVANCE (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. Date of Birth Age
7. Amount of advanced 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 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
- Refud of loan to
- NCPF if any to
- Amount admissible + Previous Balance Total
- +Non Refundable:- Total -Non Refundable
- Total:- Grand Total
- To be recovered in instalments @ from Payable in