

Form PF No. 3*(See rule 33)***Application for Advance from General Provident Fund Account**

Department _____

Address of Head of Office _____

1	Name of the Subscriber:	
2	Designation:	
3	Account number (complete):	
4	Existing Pay Band/Pay Scale	
5	Existing Pay including Dearness Pay, Personal Pay, Special Pay, if any	
6	Date of joining service :	
7	Date of Superannuation :	
8	Balance at credit of the subscriber on the date of the application as below:	
	(i) Closing balance as per latest GPF statement for the year _____ (copy enclosed)	Rs.
	(ii) Add regular monthly subscription plus lumpsum subscription, if any, after the date of General Provident Fund statement mentioned at (i) above	Rs.
	(iii) Add refunds of advance(s) after the date of statement mentioned at (i) above:	Rs.
	(iv) Total (i) + (ii) + and (iii):	Rs.
	(v) Less amount of advance(s) and withdrawal(s) taken after the date of General Provident Fund statement mentioned at (i) above:	Rs.
	(vi) Net balance at credit:	Rs.
9	Amount of advance required:	Rs.
10	Purpose for which the advance is required:	
11	Date of event/ceremony	
12	Rule under which the advance is admissible	

13	Full details of advance/withdrawal, if any, taken previously for the same purpose:						
	Sr. No.	Purpose of advance/ withdrawal	Date of Drawal	Amount	Name of the office from where payment received		
	1.						
	2.						
	3.						
14	Whether full recovery has been made of the previous advance:						
15	If the reply to item 14 above is negative then give the following information:-						
	Sr. No.	Purpose of advance	Amount of advance	Month of Drawal	No. of Installments for recovery	Advance recovered	Balance of advance
	1.						
	2.						

1. Certified that I have utilized the advance(s) taken from my General Provident Fund earlier for the purpose for which the advance(s) was/were sanctioned and I have already submitted the utilization certificate to the Head of Office as required under rule 36.
2. Certified that the person for whose ceremony/education etc. the advance has been applied for, is fully and solely dependent upon me.
3. Certified that the information given in this application is true and correct and nothing has been concealed or mis-stated therein. I am aware that in case of any concealment or mis-statement of facts, I will be debarred from taking any advance(s) from my General Provident Fund Account for a period of two years.

Dated _____

Signature of the Applicant

Name _____

Designation _____

Branch _____