

Government of India  
Ministry of Textiles  
Office of the Development Commissioner for Handlooms  
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**APPLICATION FOR ADVANCE FOR GENERAL PROVIDENT FUND**

1. Name of the subscriber \_\_\_\_\_
2. Account Number(with Departmental suffix) \_\_\_\_\_
3. Designation \_\_\_\_\_
4. Pay \_\_\_\_\_
5. Balance at credit of the subscriber on the  
Date of application as below:
  - i) Closing balance as per Statement of year: \_\_\_\_\_
  - ii) Credit from \_\_\_\_\_ to \_\_\_\_\_ Rs. \_\_\_\_\_  
on account of monthly subscription.
  - iii) Refunds from \_\_\_\_\_ to \_\_\_\_\_ Rs. \_\_\_\_\_  
@ Rs. \_\_\_\_\_
  - iv) Withdrawals during the period  
from \_\_\_\_\_ to \_\_\_\_\_ Rs. \_\_\_\_\_
  - v) Net Balance at credit: \_\_\_\_\_ Rs. \_\_\_\_\_
6. Amount of advance/outstanding, if any, and  
Purpose of which advance was taken by them.  
Amount of advance taken \_\_\_\_\_ Balance outstanding as on  
Rs. \_\_\_\_\_ date \_\_\_\_\_  
Rs. \_\_\_\_\_  
Rs. \_\_\_\_\_
7. Amount of advance required \_\_\_\_\_
8. (a) Purpose for which the advance is required. \_\_\_\_\_  
(b) Rules under which the request is covered. \_\_\_\_\_  
(c) If advance is sought for House Building etc. \_\_\_\_\_  
Following information may be given:
  - i) Location and measurement of the plot \_\_\_\_\_
  - ii) whether plot is freehold or on lease \_\_\_\_\_
  - iii) Plan for construction \_\_\_\_\_
  - iv) If the lat or plot being purchased is from a  
H.B/ Society, the name of the society, the  
Location and measurement etc. \_\_\_\_\_
  - v) Cost construction \_\_\_\_\_
  - vi) If the purchase of flat is from DDA or  
any Housing Board etc. the location,  
dimension etc. may be given. \_\_\_\_\_
- (d) If advance is required for education of  
children, following details may be given:
  - i) Name of the son/daughter \_\_\_\_\_
  - ii) Class and Institution/College \_\_\_\_\_
  - iii) Where studying \_\_\_\_\_

- (e) If advance is required for treatment of ailing \_\_\_\_\_  
Family members, following details may be given:
- i) Name of the patient and relationship \_\_\_\_\_
  - ii) Name of the Hospital/Dispensary Doctor \_\_\_\_\_  
where the patient is undergoing treatment. \_\_\_\_\_
  - iii) Whether outdoor/Indoor patient \_\_\_\_\_
  - iv) Whether re-imburement available or not \_\_\_\_\_

Note: In case of advance under 8 (c) to 8 (e) no certificate or documentary evidence would be required.

9. Amount of the consolidated advance (items 6 and 7) and number of monthly instalments in which the consolidated advance is proposed to be repaid.  
Rs. \_\_\_\_\_  
In instalments @ Rs. \_\_\_\_\_
10. Full particulars of the pecuniary circumstances of the subscriber, justifying the application for the advance. \_\_\_\_\_

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

Signature of Applicant \_\_\_\_\_

Name \_\_\_\_\_

Dated: \_\_\_\_\_

Designation \_\_\_\_\_

Section/Branch \_\_\_\_\_