

**OFFICE OF THE MEDICAL DIRECTOR
DEEN DAYAL UPADHYAY HOSPITAL
HARI NAGAR , NEW DELHI-110064**

APPLICATION FOR ADVANCE FROM GENERAL PROVIDENT FUND

1. Name of the Subscriber : -----
2. Account Number with Deptt. : -----
3. Designation : -----
4. Pay : -----
5. Balance at Credit of the Subscriber
On the date of application as below : -----
 - I Closing Balance as permanent
For the year : -----
 - II Credit from account of monthly
subscription : -----
 - III Refund : -----
 - IV Withdrawals during the period from : -----
 - V Net Balance at credit : -----
 - VI Amount of Advance/outstanding if
any and the purpose for which advance
was taken then : -----
 - VII Amount of Advance required : -----
 - VIII Purpose for which the advance is required : -----
 - IX Rules under which the advance is covered : -----
 - X Amount of consolidated advance (item VI & VII)
and the number of monthly installments in which
the consolidated advance is proposed to be repaid. : -----
- XI Full Particulars of the particulars circumstances
of the subscriber justifying the application for
the advance: : -----

Dated:

Signature of the Applicant

Name:-----

Designation: -----

Employee ID:-----