Application for Advance from G.P. Fund

Name of the Subscriber: ____________________________________________

Account No: _____________________________________________________

Designation: _____________________________________________________

Pay Rs.: _________________________________________________________

3. Balance at credit of the Subscriber on the date of application as below:
   (i) Closing balance as per statement for the year 19
   (ii) Credits________________________ to ____________________ Subscription
   (iii) Refund of Advance / Advances:
   (iv) Withdrawal during the period from ____________ to ____________ Rs.
   (v) Net balance at Credit: Rs.____________________________________

6. Amount of Advance / Advances outstanding:
   Amount of advance taken on date of sanction Balance outstanding as on date
   (i) __________________________________________________________________
   (ii) __________________________________________________________________

7. Amount of advance required: Rs.: ____________________________________

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 the plot is free hold or on lease:
     (iii) Plan for construction:
     (iv) If the flat or plot being purchased is from a H.B. Society, the name of the Society, the location & measurement etc:
     (v) Cost of construction:
     (vi) If purchase of flat is from DDA or any Housing Board, etc., the location dimension, etc. may be given:

P.T.I
(d) If advance is required for education of children, following details may be given

(i) Name of the Son / Daughter:

(ii) Class & Institution / College where studying:

(iii) Whether a day scholar or a hostler:

(iv) If advance is required for treatment of all family members, following details may be given:

(i) Name of the Patient & relationship:

(ii) Name of the Hospital / Dispensary / Doctor where the patient is under going treatment:

(iii) Whether outdoor / Indoor patient:

(iv) Whether reimbursement available or not:

Note: In case of advance under 8 (d) to (e), no Certificate to documentary evidence would be required.

9. Amount of consolidated advance (item 6 & 7) and number of the monthly instalments in which the consolidated advance is proposed to be repaid i.e. Rs. ................................................ consolidated advance is proposed to be repaid in ......................................................... instalments.

10. Full particulars of the pecuniary circumstances of the subscriber, Justifying the application for temporary withdrawal.

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.

Signature of Applicant

Branch:

Date:

Tele:

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