

**भाकृअनुप-राष्ट्रीय उष्ट्र अनुसंधान केन्द्र, बीकानेर**  
**ICAR-NATIONAL RESEARCH CENTRE ON CAMEL, BIKANER**

**APPLICATION FOR ADVANCE FOR G. P. F.**

1. Name of the subscriber.....
2. Account Number : N. R. C. C.
3. Designation.....
4. Pay : Rs.....
5. Balance at credit of the subscriber on the date of application as below :
  - (i) Closing balance as per statement  
of the year 20 -20 .....
  - (ii) Credit from .....to.....  
Subscription.....
  - (iii) Refund of advance/advances : .....
  - (iv) Withdrawals during the period  
from.....to..... .....
  - (v) Net Balance credit : Rs.....
6. Amount of advance/advances outstanding : Rs.....  
Amount of advance taken.....Balance outstanding .  
as on date sanction. on date
  1. ....
  2. ....
7. Amount of advance required Rs.....
8. (a) Purpose for which the advance required :  
.....  
(b) Rule under which the request is covered.....  
(c) If advance is bought for house building etc, follpwing information may be given :-
  - (i) Location and measurement of the plot :
  - (ii) Whether plot is free hold or on lease :
  - (iii) Plan for construction :
  - (iv) If the flat or plot being purchased is from a H. R. Society :
  - (v) Cost of construction :
  - (vi) If the purchases of flat is from DDA or any Housing Board etc.  
The location, demenstion may be given :

P.T.O.

(2)

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

(i) Name of the Son/Daughter.....

(ii) Class & Institution/College whether :

(iii) Whether a day scholar or a Hostler :

(e) If advance is required for treatment of ailing family members following detail may be given.

(i) Name of the patient and relationship :

(ii) Name of the Hospital/Dispensary/Doctor :

(iii) Whether outdoor/indoor patient :

(iv) Whether reimbursement available or not :

9. Amount of the consolidated advance (item 6 & 7) and number of the monthly

instalment in which the Rs.....

consolidated advance is proposed to be repaid in Rs.....

Instalments :

10. Full/particulars of the peculiar circumstances of the subscriber justify in the application for the temporary withdrawal.

SIGNATURE OF APPLICANT

I certify that particulars given advance are correct and complete to the best of knowledge and belief and that, nothing has been concealed by :

SIGNATURE OF APPLICANT

NAME :

DESIGNATION :

NAME OF DIVISION :

.....

.DATED :

SECTION