

**Ministry of Micro, Small and Medium Enterprises
Office of the Development Commissioner (MSME)**

EMPLOYEE CODE NO.: _____

APPLICATION FOR ADVANCE FROM GPF FUND / CPF FUND

1. Name of the subscriber : _____
 2. Designation : _____
 3. Account No. : _____
 4. Basic Pay : Rs _____
 5. *Balance at the credit of the subscriber on the date of application as given below:-*
 - (i) Closing balance as per statement for the year 200_ - 200_ : Rs _____
 - (ii) Credit from _____ to _____ on account of monthly : Rs _____
subscription form
 - (iii) Refund made to the fund after closing balance vide (i) above. : Rs _____
 - (iv) Withdrawal during the period from _____ to _____ : Rs _____
 - (v) Net balance at credit on date of application : Rs _____
 6. Amount of advance/advances outstanding:

Amount of advance taken on date of sanction	Balance outstanding as on date
1. _____	_____
2. _____	_____
 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 & the measurement of the plot : _____
 - ii) Whether plot is freehold or on lease : _____
 - iii) Plan for construction _____
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iv) If the flat or plot being purchased is from : _____
H.B. Society, the name of the society, _____
the location and the measurement etc. _____

v) Cost of Construction : Rs _____

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 & Institution/College Where studying _____

(iii) Whether a day scholar or a hosteller _____

e) If advance is required for treatment of availing family members following details may be given:

(i) Name of the patient and relationship _____

(ii) Name of the hospital/Dispensary/Doctor _____
where Patient is undergoing treatment _____

(iii) Whether Outdoor/Indoor Patient _____

(iv) Whether re-imburement available or not _____

NOTE: In case of advance under 8© to 8 (e), no certificate of documentary evidence would be required.

9. Amount of the consolidated advance (item No. 6 Rs. _____
& 7 and number of the monthly installments in _____
which consolidated advance in proposed to be repaid in _____ installments

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

I certify that 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 : _____

Name: _____

Designation: _____

Section/Branch _____

Intercom/Telephone No. _____

E-Mail _____