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**APPLICATION FOR SANCTION OF TEMPORARY ADVANCE  
WITHDRAWAL FROM GENERAL PROVIDENT FUND**

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1. Name of the Subscriber :
2. Account Number :
3. Designation  
:
4. Pay :
5. Balance at credit of the subscriber  
on the date of application. :
6. Amount of advance outstanding if any  
and purpose for with advance taken  
them. :
7. Amount of advance required. :
8. Purpose for which the advance is  
required. :
9. Amount of the consolidated advance  
(item 6-7) and number of monthly  
instalments in which the consolidated  
advance is proposed to be repaid. :
10. Full Particulars primary  
circumstances of the subscriber  
justifying the application  
of the temporary withdrawal. :

**SIGNATURE OF THE APPLICANT**

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**SERVICE CERTIFICATE**

This is to certify that Sri/Smt \_\_\_\_\_ Designation  
\_\_\_\_\_ P.S/ZPHS/M.P. \_\_\_\_\_ has put in more  
than \_\_\_\_\_ years of service. Her/his date of 1st appointment is  
\_\_\_\_\_ as per Service Register.

Date:

SIGNATURE OF THE OFFICER,  
(With Seal)

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**NO DUES CERTIFICATE**

Certified that Sri/Smt \_\_\_\_\_ P.S/ZPHS/MP.  
\_\_\_\_\_ is not having any kind of dues regarding to his/her  
GPF Account No. \_\_\_\_\_

Date:

SIGNATURE OF THE OFFICER,  
(With Seal)

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**MEDICAL CERTIFICATE**

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This is to certify that Sri./Smt. \_\_\_\_\_  
S/o.,W/o. \_\_\_\_\_ Designation \_\_\_\_\_  
\_\_\_\_\_ is under my treatment for  
\_\_\_\_\_.

He has incurred Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_  
\_\_\_\_\_ only) as expenditure towards  
the cost of clinical testing, medicine and operation charges.

SIGNATURE