## PONDICHERRY UNIVERSITY

INDIAN BANK A/C NUMBER

## APPLICATION FOR ADVANCE FROM GENERAL / CONTRIBUTORY PROVIDENT FUND

3								1.75	93
1	, Na	ame of the subscriber :						- 67	
2	. Ac	count Number (G.P.F)	:	585					35 %
3	. De	esignation				\$3		Ye	
. 4	. Pa	ıy		Rs.					
5	. ⊪Ba	lance at credit of the subscriber on th	ne dat		nalianti	9 9 8	8 5 0		
98			io dai		applicatio	n as belo	w:		¥.
	(1)	Closing Balance as per statement for the year 19	:	Rs.				*	
	110.00	125680 (1.2 To): Vision to 125 (1.6	25						127
	(ii)	Credits from	į	Rs.			- 18	a 5	
		20 20 20 20 20 20 20 20 20 20 20 20 20 2					*		
	(iii)	Refund of advance/advances	:	Rs.		14			
2,88	(iv)	Withdrawals during the period from to	;	Rs.		1020	25%		1
	(v)	Balance amount at credit	39	Rs.		20 20			
	0.77-050			ns.					
ъ.	Amount of advance / advances outstanding		:	: Amount of advance taken				Balance outstanding as	
					of d	ate of			on date
		8.			1. Rs		_	Rs	
	an Ngga				2. Rs		- x :	Rs	-
7.	Am	nount of advance required	:						100
8.	a)	purpose for which the advance	12						
	999	is required				9		++ +	
	b)	Rules under which the request is covered	;		¥	A.			
88	(c)	if advance is sought for House	92		26	64 Maria 1			
		Building etc., The following information	25						195
		may be given	н 😅					100	8 8
ė,	i)	Location and measurement of the Plot	:			411			
	√li)	Whether the plot is free hold or on lease	:					3	
	iii)	Plan for construction	3						
	iv)	If the flat or plot being purchased is from a H.B. Society, the name of the Society, the location and							2.8
			211						

measurement etc.,

- v) Cost of construction
- vi) if the ourchase of flat is from D.D.A.
  or any Housing Board etc., the location,
  dimension etc. Nmay by aiven.
- d) If advance is required for education of children, following details may be given:-
- Name of the Son/Daughter
- Class and Institution
   College where studying
- iii) Whether a day scholar or hosteller
- e) If advance is required for treatment of alling family members following details may be given.
- Name of the patient and relationship
- Name of the Hospital / Dispensary/Doctor were the patient is undergoing treatment
- iii) Whether outdoor / Indoor patient
- iv) Whether reimbursement
  Soavalkable or not
  Soavalkable or not
  Soavalkable or not
  Soavalkable
  Soavalk

Note Plin case of advance under 8 (c) to 8 (e) certificate of documentary evidence should ... be required.

- Amount of the consolidated advance (item 6,7) and number of the monthly instalment's in which the Rs.

  consolidated advance is proposed to be repaid in instalments.
- 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 the best of my knowledge and belief and that nothing has been concealed by me.

Date

Signature of applicant.

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Addition of Land 1984

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