**National Telecommunications Institute for Policy Research Training & Innovation**

**ALTTC Campus, Govt. of India Enclave, Rajnagar, Ghaziabad (U.P.) – 201014**

 **GPF A/c No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Account Office: TEC, New Delhi**

**Application for Final Withdrawal from General Provident Fund**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | **Name of the Subscriber** | **:** |  |
| 2. | **Designation**  | **:** |  |
| 3. | **Pay Level & Basic Pay** | **:** |  |
| 4.a | **Date of Joining the Government Service** | **:** |  |
| 4.b | **Date of Superannuation** | **:** |  |
| 5 | **Total service including broken period** | **:** |  |

**Particulars at 1 to 5 above have been verified.**

**Assistant Director General (Estt.)**

1. **Balance at credit of the subscriber on the date of application is as below:**
2. Closing balance as per the statement for the year \_\_\_\_\_\_\_ : Rs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Credit from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_ on account of subscriber : Rs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Refund made to the fund after the closing balance vide (a) above : Rs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Withdrawal/ Advance during the period from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_: Rs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Net balance at credit on the date of application : Rs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Particulars at 6 above are verified**

**Accounts Officer**

1. Amount of withdrawal required : Rs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. (a) Purpose for which withdrawal is required : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Rule under which the withdrawal is covered : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Whether any withdrawal was taken for the same : Rs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ purpose earlier, if so, indicate the amount & date
2. Purpose and amount of the last withdrawal : Rs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of applicant)

Date: Name :

Designation :

Contact No. :