

OHPC PF TRUST

**APPLICATION FORM FOR WITHDRAWAL OF P.F. ADVANCES
(REFUNDABLE/NON-REFUNDABLE/SPL. NON-REFUNDABLE ADVANCES)**

(STRIKE OUT WHICHEVER IS NOT APPLICABLE)
TO BE FILLED IN BY THE EMPLOYEES

1. Name: _____ Surname: _____
2. Designation: _____ 3. Basic pay/month: _____
4. P.F.A/c No. (New) _____ 5. P.F.A/c No. (Old): _____
6. Category (tick the one applicable): _____ GPF/EPF/CPF
7. Date of joining in service /Trust
(in case of Ex-Govt. employees opted for final withdrawal from A.G. the date of joining should be the date of joining in the Trust)
8. Superannuation date: _____
9. Amount applied for : _____
10. Purpose: (Xerox copy of the evidence shall be attached)
11. Amount standing at the credit on the date of application (Annexure- A)
12. Amount of advance outstanding on the date of application:
(Applicable in case of refundable advance)
13. No. of installments and rate of recovery:
(Applicable in case of refundable advance only)

Certified that the particulars mentioned above are correct to the best of my knowledge and belief.

Date: _____

FULL SIGNATURE OF THE APPLICANT

(To be used in Disbursing Officer)

Verified the facts mentioned at Sl.1 to 13 with reference to official records and found correct. The amount of advance applied for is recommended for sanction.

Signature: _____

Name & Designation of the Disbursing Officer.

(To be used in Funds Section)

Verified and checked the information indicated in the application with reference to the records in Funds Section and found correct.

SR. ASSI.

J.E.M./A.M.F.

B.H.

Annexure - A

DETAILS OF UPTO DATE BALANCE

A. As per last A/C slip : Rs.
(copy of last A/C slip attested by D.D.O. is to be enclosed)

B. Details of recovery / subscription
Made from monthly salary bills :

Month	Subscription	Refund of 1st adv.	Refund of 2nd adv.	Total

(use additional sheet if required)

Sub Total (B)

C. Details of advance taken from the date of issue of last accounts slip till the date of application.

Sanction Date	Purpose	Type of adv.	Amount (in Rs.)

(use additional sheet if required)

Sub Total (C)

Total (A + B - C)

Signature
of the employee

Signature of the
Disbursing Officer

Office of the

Memo No. _____ Dt. _____

Forwarded in original to the Secretary of OHPC PF Trust, Bhubaneswar for necessary action.

Sanya

Disbursing Officer /
Head of the Office

Signature with Seal