

GOVERNMENT OF MIZORAM
DIRECTORATE OF PRISONS

APPLICATION FOR ADVANCE FROM GPF FUND FUND

1. Name of the subscriber : _____

2. Designation : _____

3. GPF 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 _____ :Rs _____**

(ii) Credit from _____ to _____
on account of monthly subscription form :Rs _____

(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 : NA

iii) Plan for construction : _____

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 _____

(ii) Whether Outdoor/Indoor Patient _____

(iii) 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 & 7 and number of the monthly installments in which consolidated advance in proposed to be repaid _____

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_____

Date _____