

**ICAR Research Complex for NEH Region Umroi Road, Umiam,
Barapani Shillong Meghalaya - 793103**

PROFORMA FOR APPLICATION FOR WITHDRAWAL FROM PROVIDENT FUND

	Ministry of
	Department of
Application for withdrawal from	
1. Name of the Subscriber	:
2. Account Number (with Departmental suffix)	:
3. Designation	:
4. Pay :	
5. Date of joining service and Date of Superannuation	:
6. Balance at credit of the subscriber on the date of application as below	
i. Closing balance as per statement for the year	:
ii. Credits from to on account of monthly subscription	: Rs.
iii. Refunds made to the Fund after the closing balance, vide (i) above	: Rs.
iv. Withdrawals during the period from to	
v. Net balance at credit on the date of application	: Rs.
7. Amount of withdrawal required	: Rs.
8. (a) Purpose for which the withdrawal is required	:
(b) Rule under which the request is covered	:
9. Whether any withdrawal was taken for the same purpose earlier. If so, indicate the year	:
10. Name of the Accounts Officer maintaining the Provident Fund Account	: Asst. Fin. & Accounts Officer

Date :

Name :

Designation :

Sanction / H.Q - ICAR, Umiam

Signature of Applicant