

**ICMR-RMRC GORAKHPUR, BRD Medical College Campus,
Utter Pradesh -273013**

APPLICATION FOR FINAL WITHDRAWAL OF PROVIDENT FUND

MONEY FROM THE ICMR PROVIDENT FUND

(To be filled in triplicate)

1. Name of Subscriber :
(in the block letter)
2. Designation :
3. Name of the Office/Unit/Enquiry. :
4. Provident Fund Account No. :
5. Date of joining under the council :
6. Date of leaving service under the Council. :
ICMR Authority Letter No. and date.
7. Total period of continuous service under :
the Council.
8. Amount of advance, if any, drawn during :
preceding twelve months of date of
leaving service.
9. Amount already refunded :
10. Amount of any other advance taken :
from the Council due, if any. –
11. Whether the balance of the advance. :
should be adjusted against the
provident fund amount refundable.
12. Particulars of pay bill through which the :
last deduction towards GPF subscription/
refund of advance has been made.
13. Any other information. :

(Signature of Applicant)

.....P/2

1. Certified that Shri/Mrs./Ms. _____ of the Scherae National Institute of Malaria Research was relieved "from his/her post with effect from _____ vide this office letter No. _____
Dated _____.
2. Certified that he/she has put in more than five' years/less than five years' service under the Council.
3. Certified that there is no demand outstanding against Shri/Mrs./Ms. _____
In his/her provident fund Account No. _____ of ICMR _____ during the proceeding twelve months.
4. Certified that no advance was granted to his/her from the ICMR General Provident Fund Account No. _____ ICMR during the proceeding twelve months.
5. Certified that he/she was granted _____ advance of Rs. _____
has been recovered and a balance of Rs. _____ plus interest is due from him which may please be adjusted while making final payment.
6. Any other remarks.

**SIGNATURE IN FULL
HEAD OF OFFICE**

Place :

Date :