

APPLICATION FOR SANCTION OF TEMPORARY ADVANCE.

1. Name of the Subscriber :
2. Z.P.F. Account No. :
3. Designation and Office Address :
4. Date of Appointment :
5. Basic pay :
6. Balance at credit of the subscriber on the date of application (xerox copy of slip shall be enclosed) :
7. Amount of advance required :
8. Monthly installments in which the advance is proposed to be repaid :
9. All particulars of the parturiency circumstances of the subscriber justifying the application for the temporary withdrawal. :
10. When she / he taken P.F. advance previously if so when and what is the advance taken and the purpose for which it was taken them. :
11. Whether the previous advance was been cleared off in full it, when (Months during which it has been credited off to be furnished) :
12. Whether there is a gap of 12 months from the date of last re-payment advance to the date of application. :

Signature of the applicant.

REMARKS OF THE FORWARDING OFFICER

1. Date of the entry in to the service of the applicant :
2. Date of the retirement of the applicant :
3. Whether any amount of advance sanctioned to the applicant. If so mention the No. of installments and the amount sanctioned. :
4. Whether the applicant has enclosed any of the following wedding card/ medical certificate / education receipts houses building documents/vehicle bills / betrothal ceremony / transpiring :
5. Amount required :
6. Whether the minimum period of 12 months have lapsed from the date of clearance of advance to the date of applicant. :
7. Whether the P.F. Schedules and challans of the remittance made to the Z.P. O.B. up to the previous month of application :
8. Recommendations :

**Signature of the Drawing Officer,
with seal**

ANNEXURE - I

BILL FOR WITHDRAWALS FROM GENERAL AND OTHER PROVIDENT RULES (ANDHRA PRADESH)

8338 :- Deposits of Local Funds

MH-104-01, Deposits of Zilla Parishad out of Provident Fund contribution of P.R. Employees

District _____

Voucher No. _____

State P.F. No. _____

Bill for withdrawaing advance from _____ Provident fund of Sri / Smt. _____

Final Payment :

Other withdrawails :

From the Month of _____
In the office of the _____
Z.P./P.S./G.P./M.P.

Name and Designation of the subscriber	BASIC Pay	Fund Amount No.	No. Date of sanction of letter Authority	Nature of withdrawail final payment advance Other	Candidates Acquaintance with revenue stamp Re. 1	Remarks

Net Amount: _____

Signature of the
Drawing Officer with seal

ANNEXURE - II

Name of the Subscriber and Designation	P.F. Account No.	Name of the Drwal	Particulars of Amount Drawn	Amount No. Refunded	Net Amount require for payment Rs.

Signature of the Applicant

Signature of the Drawing Officer

Superintendent

Account Officer,

Dy. C.E.O.

Certified that I have satisfied my self that all sums included in bills (Form is No. 40-A) Drawn in One month / Two months / Three months previous to this date favor of messers _____ Account No. _____ Month then reception of those details of which the total has been refunded by deduction in this bill have been distributed to the proper and that their acquittance have been taken and fixed if any office with receipts stamp duly cancelled for every payment in excess of Rs. 20/-

Certified that the balance if the funds at _____ on date of with drawal covers the sub drawn in the bill the credit of the subscriber.

_____ Policy No. _____ with _____ Co _____

ANNEXURE - III

Certificate that the _____ have been assigned in favor of the Government of A.P. and forwarded the polices below.

To the accountant General A.P. for safe custody the details of the policy / policies proposed to be taken up have been communicated and accepted by the Accountant General, A.P. in his letter No. _____

SNo.	Name of the Subscriber with PF Account Number	Number of Policy	Name of Company	Amount Premium	Due date of	Stock Number

Signate of the Drawing Officer

Certified that in respect of withdrawal is made in bills (Form No. 40-A) One month / Two months / Three months previous of forwarded to the Accountant General, A.P.

Insurance premium that original premium receipts have been within one month of the date of withdrawal _____ scrutiny with exception _____ of duly produced to me _____

Those relating to _____ for Rs. _____ and the necessary endorsement has been made on the receipt, to the effect that no abatement of Income Tax admissable.

Passed for Rs. _____

Pay Rs. : _____

Rupees : _____

On S.B.I. Anantapur.

Accountant

Accounts Officer,
Zilla Praja Parishad, Anantapur

Note:- The bill withdrawal of advance final withdrawals should be duly certified copy of the sanction bill officer in case of Non-Gazetted Government Servant.

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Insurance premium that original premium receipts have been within one month of the date of withdrawal _____ scrutiny with exception _____ of duly produced to me _____

Those relating to _____ for Rs. _____ and the necessary endorsement has been made on the receipt, to the effect that no abatement of Income Tax admissible.

Passed for Rs. _____

Pay Rs. : _____

Rupees : _____

On S.B.I. Anantapur.

Accountant

Accounts Officer,
Zilla Praja Parishad, Anantapur

Note:- The bill withdrawal of advance final withdrawals should be duly certified copy of the sanction bill officer in case of Non-Gazetted Government Servant.

సమూహాధ్యక్షీకరణ పత్రము

శ్రీ/శ్రీమతి..... అయిన నేను, అనంతపురం, జిల్లా ప్రజా పరిషత్ కార్యాలయములో భవిష్యనిధి సభ్యులు. నా యొక్క భవిష్యనిధి నెంబరు....., నా భవిష్యనిధి ఖాతా నంబు సంవత్సరమునకు నిల్వయున్న మొత్తము రూ. నా ఖాతా క్రింద ప్రావిడెంటు ఫండు రుణము తీసుకొని యున్నాను / తీసుకొన్న యెడల భవిష్యనిధి రూల్సు ప్రకారము చర్యలు తీసుకొనవచ్చునని తెలుపుతున్నాను.

స్థలము:

దరఖాస్తుదారుని సంతకము

తేది:

ధృవీకరణ అధికారి సంతకము

(హెచ్.యమ్/యం.ఇ.ఒ/ఇ.ఇ/డి.ఇ.ఇ.)

ఉ.ము.కా.అ. / ఉ.వి.శా.అ.

CERTIFICATE

Certified that the recovery relating to P.F. Account of Sri / Smt. _____ has been stopped and there are no further adjustment towards His / Her P.F. Account No. _____

Signature of the Drawing Officer,