

ప్రావిడెంటు ఫండు ఖాతా నుండి తాత్కాలిక ఋణము కొరకు దరఖాస్తు

1. దరఖాస్తుదారుని పేరు, హోదా :
మరియు చిరునామా
(ఇంటి పేరు పూర్తిగా వ్రాయవలెను)
2. ప్రావిడెంటు ఫండు ఖాతా నెంబరు :
3. మూలవేతనము(Basic Pay) :
4. జీతభత్యములు పొందుచున్న బ్యాంకు పేరు :
5. బ్రాంచి పేరు/గ్రామము పేరు :
6. బ్యాంకు ఎకౌంటు నెం
7. నెలసరి చందా మినహాయింపు :
8. లోగడ తాత్కాలిక ఋణము తీసికొనబడినచో
ఎ. తీసుకొన్న మొత్తము :
బి. తీర్చవలసిన మొత్తము
సి. ఆఖరి వాయిదా కట్టిన తేది :
9. సాలుసరి ఇన్సూరెన్సు ఏమైనా ఉన్నచో
ఎంత సొమ్ము :
10. తాత్కాలిక ఋణము కొరకు దరఖాస్తు
చేసిన కారణములు :
11. కోరిన మొత్తము వాయిదాలతో సహా

సంతకము

AN NEXU RE-I

[See instructions (i) to (iii) under Treasury Rule 17]

Bill for Withdrawal from Provident Fund

Bill forfrom the Provident Fund at Sri.....

Withdrawing Advance for the Month of

Serial No.	Name and Designation of Subscriber	Pay	P.F. A/c.No.	No. & Date of sanction of Letter Authority	Nature of Withdrawal	Acquittance	Remarks
					Final/First Payment Advance		

Particulars of the Amount Refunded:

Serial No.	Name of the Subscriber and Designation	Salary Bank A/c No.	Bank & Branch Name	Particulars of Amount Drawn	Amount now Refunded	Net amount Required for Payment
Station: Date :						

Please Pay to

Contents Received

Signature of the Messenger:

Witness (1):

(2)

Signature of the Drawing Officer
and Designation

1. Certified that I have satisfied my self all submissions included in Bills (Form 40-A) drawn one month/two months/three months previous to this date in favour of Messer' s Account No. with the exception of this detailed of which the total has been refunded by deduction in this Bills have disbursed to the proper person and that their acquittances have been taken and filed in my office with receipts stamp duty cancelled for every payment in excess of Rs.5,000/-

Certified that the balance in the fund of the Subscriber Sri
Rs.....(in words.....) on the date of withdrawal covers to the sum

2. drawn in this bill.

Certified that the amount asked from the bills is required to meet the yearly premium due on the respect of the policy on. with the company limited. in policy no. as detailed below and that the policy/ policies in question has been assigned to the Govt. of Andhra Pradesh and in the custody of the Zilla Praja Parishad for the details of the policy/ policies proposed to be taken has been communicated to an accepted by the Zilla Praja Parishad.

Serial No.	Name of the Subscriber with fund Account No.	Salary Bank A/c No.	Bank & Branch Name	Name of the Company	Amount of Premium	Due dates of Stock No.	Stock No.

Certified that in respect of withdrawal made in bills (Form 40-A) one month/two months/three months, previous to the date towards payment of Insurance Premium the Original Premiums have been with in one month of the date of withdrawal forwarded to the Zilla Praja Parishad for duly produced to me for with the exception of there relating to for Rs.

4. and necessary endorsements have been made on the receipts to the effect that the abatement of Income-Tax as admissible.

Certified that the No. of Policies from the T.P.F. does not exceed four/the Number of Policies financed form the G.P.F. exceed four as these were accepts prior to 18.8.1964.

PayRs

Signature of the Drawing Officer

Compulsory Enclosure to PF Loan Application

- 1.Name
- 2.Designation
- 3.ZP PF Account Number
- 4.Place of Working
- 5.Salary Bank Account Number
 - Bank Name
 - Branch Name
- 6.Balance as per PF Balance Sheet
 - For the Year :
- 7.Amount added by Subscription :
 - @Rs.....PM
 - From..... To..... :
- 8.Amount Added by Recoveries of Previous Loan
 - @Rs.....PM
 - From.....To..... :
- 9.Other Adjustments (Specify Such As D.A, PRC Arrears etc.,
- 10.Total Balance (6+7+8+9)
- 11.Pending Advance if (-)
- 12.Net Balance Available :
- 13.Loan Amount Applied/Required :
- 14.Whether its within the Permissible Provisions or Not :
- 15.If not. specify reasons for special Consideration

Signature & Seal of DDO