

## AIZAWL, MIZORAM

| APPLICATION FOR ADVA           | ANCE FROM                                   | PROVID   | ENT FUND           |
|--------------------------------|---|--|--------------------|
| 1. Name of the Subscriber      | ;   |  |                    |
| 2. Account Number              | :   |  |                    |
| 3. Designation                 | *   | ï  |                    |
| 4. Pay                         | :   |  |                    |
| 5. Balance at credit of the su | bscriber on the date                        | e of application as below:—  |                    |
| (i) Closing Balance as per st  | tatement for the yea                        | ır   | : Rs               |
| (ii) Credit from               | to  | on account of monthly subscription   | : Rs               |
| (iii) Refunds                  |   |  | : Rs               |
| (iv) Withdrawals during Th     | e period from                               | to   | : Rs               |
| (v) Net Balance at Credit.     |   | e de la companya de l | : Rs               |
| 6. Amount of advance/Outst     | anding, if any, and                         | the purpose for which advance was taken  | by them:           |
| Amount of advance taken        |   |  | : Rs               |
| Balance outstanding as on d    | ate   |  | : Rs               |
| 7 .Amount of advance required  |   |  | : Rs               |
| 8. (a) Purpose for which       | h the advance is re                         | quired:  |                    |
| (b) Rules under whi            | ch the request is co                        | vered:   | 1                  |
| (c) If advance is sou          | ght for house Build                         | ling, etc. following information's may be  | given:             |
| i) Location                    | and measurement o                           | fplot  |                    |
| ii) Whether                    | plot is freehold or o                       | on lease   |                    |
| iii) Plan for                  | construction                                |  | *                  |
|                                | nt or plot being purc<br>d measurements, et | hased is from a H.B. Society, the name o   | f the Society, The |
| v) Cost of c                   | onstruction.                                | *  |                    |
| vi) If the pu<br>may given.    | rchase of flat is from                      | rn DDA or any Housing Board, etc. locat  | ion,dimension,etc  |

|               | (d) If             | the advance is required for education of children, following details may be given:-   |  |  |  |  |
|---------------|--------------------|---|--|--|--|--|
|               | a ·                | (i) Name of the son/Daughter:   |  |  |  |  |
|               | ~                  | (ii) Where and institution /College were studying:  |  |  |  |  |
|               |                    |   |  |  |  |  |
|               |                    | (iii) Whether a Day-scholar or a Hosteller  |  |  |  |  |
|               | (e) If t<br>given: | he advance is require for the treatment of ailing family members, following details may b   |  |  |  |  |
|               |                    | (i) Name of the Patient and relationship:   |  |  |  |  |
|               |                    | (ii) Name of the Hospital/Dispensary/Doctor where the patient is undergoing treatment:  |  |  |  |  |
|               |                    | (iii) Whether outdoor/indoor patient.   |  |  |  |  |
|               | 20                 | (iv) Whether reimbursement available or not   |  |  |  |  |
|               |                    |   |  |  |  |  |
|               | NOTE:<br>would l   | OTE: Incase of advance under 8(c) to 8(a) to 8(e), no certificate or documentary evidence uld be required.                              |  |  |  |  |
|               | 9: Amonthly        | ount of consolidated advance (Items 6 & 7) Rs and number as vinstallment in which the consolidated advance is proposed for the advance. |  |  |  |  |
| 9<br>10<br>10 | 10. Ful            | l particulars of the pecuniary circumstances of the subscriber, justifying the application dvance.                                      |  |  |  |  |
|               |                    |   |  |  |  |  |
| and bel       | ief and th         | I certify the particulars given above are correct and complete to the best of my knowledg at nothing has been concealed by me.          |  |  |  |  |
|               |                    |   |  |  |  |  |
|               |                    |   |  |  |  |  |
|               |                    | Signature of Applicant  |  |  |  |  |
|               |                    | Name:   |  |  |  |  |
|               |                    | Designation:  |  |  |  |  |
| Dated:_       | -                  | Section/Branch:   |  |  |  |  |
|               |                    |   |  |  |  |  |
|               |                    |   |  |  |  |  |