## FORM 3

## PROFORMA FOR SANCTION OF ADVANCE FROM PROVIDENT FUNDS

	Ministry :				Ministry:			
					Department :			
					·			
		Applica	ant for Advance fr	om				
			( Here ent	er the name	e of fund )			
1.	Name	of subcriber	:					
2.	Accou	nt No.	:					
	( Department suffix)							
3.	Design	ation	:					
4.	Pay	Pay :						
5.	Balanc	Balance at credit of the subcriber on the date of application as below :-						
	i) Closing balance as per statement fo			ent for the y	ear			
	ii)	Credit from		to	on account of monthly subscription.			
	iii)	Refunds						
iv) Withdrawal during the period from to				to				
	v)	Net balance a	balance at Credit					
6.	Amour	Amount of advance/outstanding, if any, and the purpose for which the advance was taken by						
	them.							
	Amount advance taken				Balance outstanding as on date			
7.	Amour	nt advance requ	uired :					
8.	a) Purp	a) Purpose for which the advance is required						
	b) Rule under which the request is covers							
	c) If Advance is sought for House Building, etc. the following information may be given.							
	i) Location and measurement of the plot :							
ii) Whether plot is freehold or on lease								
	iii) Plan for construction							
	iv) If the flat or plot being purchase is							
	is from H.B. Society, the name of the							
	Society, the location and measurement etc.							

	vi)	Cost of	f construction						
	vii)	If the purchase of the flat is from DDA							
		or any House Board etc. the location, dimension etc. may be given.							
	d)	If advance is required for education of children following details may be given –							
		i)	Name of son/daughter						
		ii)	Class and Institution/Colleg	ge where study					
		iii)	Whether a day scholar or a	hosteller					
	e)	If advance is required for treatment for ailing family members, following details may be							
		given.							
		i)	Name of the patient & rela	tionship					
		ii)	Name of the hospital/dispensary doctor Where the patient is under going treatment.						
		iii)	Whether reimbursement a	vailable or not					
		require	ed.		r documents evidence would be				
9.	Amount of consolidated advance (Item 6 & 7)								
	And number of monthly installment in which								
	the ins	tallment	t consolidated advance is pro	posed to be repaid.					
10.	•		of the pecuniary circumstan ication for the advance.	ces of the subscribe	rs,				
	I certify that particulars given above are correct and complete to the best of my knowledge and belief and that nothing has been concealed by me.								
					Signature of the applicant				
				Name					
				Designation					
				Section/Branc	:h				
	Dated								