

SRI AUROBINDO COLLEGE (EVENING)
(UNIVERSITY OF DELHI)
MALVIYA NAGAR, NEW DELHI-110017

APPLICATION FOR WITHDRAWAL FROM C.P.F./G.P.F.

1. Name of the subscriber _____
2. Account Number _____
3. Designation (with department): _____
4. Pay _____
5. Date of joining service and date of superannuation _____
6. Balance at the credit of the subscriber on the date of application as below:
 - (I) Closing Balance as per statement for the year _____ Rs. _____
 - (II) Credit from _____ to _____ on account _____ Rs. _____
 - (III) Refund made to the fund after the closing Balance _____ Rs. _____
 - (IV) Withdrawal during the period from _____ to _____ Rs. _____
 - (V) Net Balance at the credit on the date of application: _____ Rs. _____
7. Amount of withdrawal required _____ Rs. _____
8. a) Purpose of withdrawal _____

- b) Rule under which the request is covered _____
9. Whether any withdrawal was taken for the same purpose earlier: _____
If so, indicate the amount and the year _____
10. Name of the Account Office maintaining the Provident Fund A/c: SRI AUROBINDO COLLEGE (EVENING)

Date :

Signature of Applicant

Name _____

Designation _____