

FORM - III

**APPLICATION FOR THE WITHDRAWAL FROM I.C.M. R.
GENERAL / CONTRIBUTORY PROVIDENT FUND**

1.	Name of the Subscriber (IN BLOCK LETTERS)	
2.	GPF / CPF Account No.	A/C No.
3.	Designation	
4.	Pay (Basic) Level	Rs.
5.	Date of Joining and the Date of Superannuation	DOJ _____ D O S _____
6.	Balance at credit if the subscriber on the date of application as below: (a) Closing Balance as per statement for the year 20 _____ (b) Credit from April 20 _____ to 20 _____ on account of monthly subscription. (c) Refunds made in the fund after the Closing Balance vide (i) above. _____ (d) Withdrawals during the period April 20 _____ to 20 _____ (e) Net Balance at Credit on date of application. _____	Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____
7.	Amount of withdrawal required.	Rs. _____
8.	(a) Purpose for which the withdrawal is required. (b) Rules 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 Accounts Officer maintaining the Provident Fund Account.	Accounts Officer, ICMR, NEW DELHI-110029

Signature of the Applicant

Place :

Name :

Date :

Designation :

Section :