

APPLICATION FOR LOAN FROM PROVIDENT FUND ACCOUNT ON MEDICAL GROUNDS

1. Name of the Employee :
2. Present Post :
3. Provident Fund Account No. :
4. Basic Pay :
5. Name, relationship of the person for
Whom medical advance is required :
6. Nature of disease as per medical
Certificate :
7. Approximate duration of treatment
As per M.C. :
8. Approximate amount required for
1 month treatment enclose copy of
Bill of purchase of medicines first dose :
9. Loan amount required :
10. Date of last loan taken with amount and
Nature of loan :
11. Which month the loan is completed
With interest
12. Total amount available in A.R. amount :

ENCL:- 1) Medical Certificate, indicate nature of disease and approximate duration for treatment.

DECLARATION

I, (Name with Designation) hereby declare that information furnished above is true to the best of my knowledge, I also declare that I have read the note given on the facts of this application.

I also undertake to send Utilization Certificate along with bills by the end of every month till entire loan amount is utilized.

SIGNATURE OF APPLICAT

NOTE: Given false information an offence under Section of L.P.C.



A.P.T.C. Form
A.P.T.C. Form 48
Bill for withdrawing
temporary advance
office of the

from the General Provident Fund
for Sri
for the month of

East Godavari District
Sub - Account No.

S.No.	Name, Designation and address of the Subscriber	Basic Pay	PF A/c. No.	Number and date of sanction letter of authority	Nature of final payments	Withdrawals advance	Other acquittance
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Deduction amount
short drawn in this
Bill, Net amount
required for payment.

2. Particulars of amounts refunded.

Signature of the Officer
and Designation.

P.F. No.	Name of the subscriber and fund A/c. No.	Date of drawl	Particulars of amount drawn.
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Received contents.

Signature of the Drawing
Officer and Designation.

Station : Kakinada.
Date:

Signature of the Officer

Signature of Manager:

p.t.o.,

1. Certified that I have satisfied myself that all sums included in bills (Form-40 drawn month / 2 months/ 3 months / previously to this date in favour of M/s. A/c. No.: _____ to the exception of those details of which the total has been refunded by deduction to is bill have been disbursed to the proper persons and that their acquittance have been taken and filed in my office with receipts stamped duly cancels for every payment in process of Rs. 20/-
2. Certified that the balance in the fund of _____ my credit _____ on the date of withdrawl be credit of subscriber covers the sum drawn in the bill.
3. Certified that the policy No. _____ with amount _____ have already been assigned in the policies detailed below :
4. In favour of the Governor of AP and forwarded to the Accountant General, A.P. Hyderabad for Safe - Custody / the details of policy / policies proposed to be taken up have been communicated and accepted by the A.G./ Hyderabad in his letter No. _____

5. S.No.	Name of the subscriber With fund account	No.of Policy.	Name of the Company	Account of Premium	Due date of Premium	Stock No.

Certified that in respect of withdrawl mode in bills form 40-A 1 month / 2 months 3 months previous to this date towards payment of insurance premium the original prenis receipt have been within 2 months of the date of withdrawl forwarded to the A.G. Hyderabad for security with the excepted _____ of those duly produced to relation to for Rs. _____ and that necessary endorsements have been made in the receipt to the effect that no adjustment of income tax is admissible.

