

**Pro forma for application for advance from Provident Funds  
Babasaheb Bhimrao Ambedkar University, Lucknow.**

Department of \_\_\_\_\_/Office

Application for Advance from \_\_\_\_\_

(Here enter the name of Fund)

1. Name of the subscriber: \_\_\_\_\_
2. Account Number (with Departmental suffix) \_\_\_\_\_
3. Designation \_\_\_\_\_
4. Pay \_\_\_\_\_ Rs. \_\_\_\_\_
5. Balance at 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 of monthly subscription ..... Rs.
  - (iii) Refunds ..... Rs.
  - (iv) Withdrawals during the period from ..... to ..... Rs.
  - (v) Net balance at credit ..... Rs.

6. Amount of advance / outstanding, if any, and the purpose for which advance was taken by them:

|                         |                                |
|-------------------------|--------------------------------|
| Amount of advance taken | Balance outstanding as on date |
| Rs. _____               | Rs. _____                      |

7. Amount of advance required ..... Rs.

8. (a) Purpose for which the advance is required
- (b) Rules under which the request is covered
- (c) If advance is sought for House Building, etc., 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 purchased is from a H.B. Society, the name of the Society, the location and measurement, etc., .....
  - (v) Cost of construction.....
  - (vi) If the purchase of flat is from DDA or any Housing 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 the son/daughter .....
- (ii) Class and Institution / College where studying....
- (iii) Whether a day-scholar or a hostler .....

(e) If advance is required for treatment of ailing family members, following details may be given:-

- (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. ....
- (iv) Whether reimbursement available or not .....

Note.- In case of advance under 8 (c) to 3 (e), no certificate or documentary evidence would be required

9. Amount of the consolidated advance (items 6 and 7 and number of monthly instalments in which the consolidated advance is proposed to be repaid ..... Rs.....in instalments

10. Full particulars of the pecuniary circumstances of the subscriber, justifying the application for the advance .....

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 Applicant.  
Name.....  
Designation.....  
Section/ Branch.....

Dated: