

NATIONAL INSTITUTE FOR RESEARCH IN REPRODUCTIVE HEALTH
(Indian Council of Medical Research)

Parel, Mumbai - 400 012.

Application for Advance from G.P. Fund

1. Name of the Subscriber:
2. Account Number:
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
_____ 20 _____ - 20

(ii) Credits from _____ to _____ Subscription:

(iii) Refund of advance / advances:

(iv) Withdrawals during the period from _____ to

6. Amount of advance / advances outstanding:

Amount of advance _____ Balance

Outstanding _____ taken on date of _____ as on date Sanction

1.

2.

7. Amount of advance required Rs. _____

8. (a) Purpose for which the advance is required

(b) Rules under which the request is cover

(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 hostler.
- (c) If advance is required for treatment of illing 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:
Whether reimbursement available or not;

Note: In case of advance under 8(c) to 8(c), documentary evidence would be required.

9. Amount of the consolidated advance (item 6 and 7) and number of the monthly installments in which the Rs. _____ Consolidated advance is proposed to be rapid in installments.
10. Full particulars of the pecuniary circumstances of the subscriber, justifying the application for the temporary withdrawal.

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

Date: _____

Signature on applicant

No. _____

Date: _____

Forwarded to the Director General, Indian Council of Medical Research, V. Ramalingaswami Bhavan Ansari Nagar, New Delhi – 110029 with request to sanction the G.P.F./ C.P.F. advance/Final withdrawal as a special case / ordinary case

DIRECTOR