

**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) + Grade Pay	Rs.
5.	Date of Joining and the Date of Superannuation	DOJ _____ DOS _____
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 maintain the Provident Fund Account.	Accounts Officer, ICMR, NEW DELHI - 110029.

Signature of the Applicant

Place :

Name:

Date :

Designation :

Section: