

Performa for application for withdrawal from General Provident Funds
National Institute of Biologicals
Ministry of Health & Family Welfare
Noida U.P.

- Application for withdrawal from General Provident Fund : NIBGPF/
01. Name of the Subscriber :
02. Account Number (With Department) :
03. Designation :
04. Pay :
05. Date of Joining service & Date of superannuating :
06. Balance at credit of the subscriber on the date of application :
- i. Closing balance as per statement for the year _____ :
- ii. Credit from _____ to _____ :
- iii. Refund from _____ to _____ :
- iv. Withdrawals during the period from _____ to _____ :
- v. Net balance as credit :
07. Amount of withdrawal required :
08. (a) Purpose of withdrawal required :
- (b) Rule under which the request is covered :
09. Whether any withdrawal was taken for the same purpose :
10. Name of the Account Officer maintaining the Provident Fund :

Signature of applicant