



অসম বিশ্ববিদ্যালয় সিলচর  
ASSAM UNIVERSITY SILCHAR

**Application for Withdrawal from Provident Funds : \_\_\_\_\_**

1. Name of the Subscriber : \_\_\_\_\_
2. Account Number : \_\_\_\_\_
3. Designation : \_\_\_\_\_
4. Section / Department : \_\_\_\_\_
5. Pay : \_\_\_\_\_
6. Date of Joining Service : \_\_\_\_\_
7. Date of Superannuation : \_\_\_\_\_
8. Balance at credit of the subscriber on the date of application as below –
  - i) Closing balance as per statement for the year  
\_\_\_\_\_ : \_\_\_\_\_
  - ii) Credit from \_\_\_\_\_ to \_\_\_\_\_  
on account of monthly subscription : \_\_\_\_\_
  - iii) Refunds made to the Fund after the closing  
balance, vide (i) above : \_\_\_\_\_
  - iv) Withdrawal during the period from \_\_\_\_\_ to  
\_\_\_\_\_
  - v) Net balance of credit on the date of Application  
\_\_\_\_\_ : \_\_\_\_\_
9. Amount of withdrawal required : \_\_\_\_\_
10. a) Purpose for which the withdrawal is required : \_\_\_\_\_  
b) Rule under which the request is covered : \_\_\_\_\_
11. Whether any withdrawal was taken for the same  
purpose : \_\_\_\_\_
12. Name of the Accounts Officer maintaining the  
Provident Fund Account :

Dated :

Signature of the Applicant