

GOVERNMENT OF MIZORAM
OFFICE OF THE CHIEF CONTROLLER OF ACCOUNTS
ACCOUNTS & TREASURIES
MIZORAM : AIZAWL

Application for withdrawal from General Provident Fund

1. Name of the Subscriber : _____
2. Account Number : _____
3. Designation (with Departmental suffix) : _____
4. Pay : _____
5. Date of joining service and the date of superannuation. : _____
6. 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 subscriptions : _____
 - (iii) Refunds made to the fund after the closing balance, vide (i) above : _____
 - (iv) Withdrawals during the period from _____ to _____
 - (v) Net balance at credit on the date of application : _____
7. Amount of withdrawal required : _____
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 maintaining the Provident Fund Account. : _____

Dated: _____

Signature of applicant

Name : _____

Designation : _____

Section/Branch : _____

**PROFORMA FOR APPLICATION FOR WITHDRAWAL FROM
GENERAL PROVIDENT FUND**

Department: _____

1.	Name of the Subscriber	
2.	Account Number	
3.	Designation	
4.	Pay	
5.	a) Date of joining service	
	b) Date of superannuation	
6.	a) Closing balance at the credit of the applicant as per latest GPF statement	
	b) Amount of withdrawals during the current financial year	
	c) Net balance at credit on date of application	
7.	a) Amount of withdrawal required in figure and in words	
	b) Purpose for which the withdrawal is required	
	c) Rule No. under which withdrawal is applied for	
	d) Whether any withdrawal was taken for the same for the same purpose earlier. If so, indicate the amount	
8.	Name of the Account Officer maintaining the GPF Account	
9.	a) Name of Bank where the subscriber opened Account	
	b) Name of Branch of the Bank	
	c) Subscriber's Bank Account No.	
	d) Subscriber's Bank IFSC No.	
	e) Subscriber's Bank MICR Code	

Signature of applicant

Name : _____

Designation : _____

Contact No. : _____

Date : _____

All fields are compulsory and to be filled up by the applicant