FORM G

[See rules 20 & 37 (1)]

APPLICATION FOR NON-REFUNDABLE WITHDRAWAL FROM THE GENERAL PROVIDENT FUND (KERALA)

1. Name and designation of the subscriber and full official and residential address with PIN code :

2. Basic Pay :

3. (a) Provident Fund Account Number :

   (b) Permanent Employee Number (PEN) :

   (c) Reference Number of Annual Statement received from the Accountant General indicating Section number and Branch :

4. Date of retirement :

5. Total service (in years) under Govt. as on this date :

6. Object of the withdrawal :

   (a) If the withdrawal is required for meeting the expenditure in connection with the :

   (i) higher education of any child or dependant of the subscriber :

   (ii) marriage of a son or daughter or any other female relative dependant of the subscriber, if he has no daughter :

   (iii) illness of the subscriber or any person actually dependant on him:, :

   (iv) (a) acquisition of land or acquisition of house site :

   (b) acquisition of house or acquisition of ready built flat :

   (v) (a) construction of a house :

   (b) addition, alteration or reconstruction of house :

   (c) maintenance/repair or upkeep of house :

   (vi) purchase of car, motorcycles/scooter :

   (b) Whether the withdrawal is required for repayment of loan taken for any of the above purposes :

7. Amount of the withdrawal proposed (both in figures and words) : :

8. Name of the Treasury at which payment is desired :

9. (a) whether any non-refundable withdrawal was made by him from the fund previously for the same or different object and, if so, furnish the details thereof :

   (b) If any withdrawal was made as mentioned above, state whether he had submitted the utilization certificate in respect of that withdrawal to the appropriate authority within the prescribed time limit. If the certificate was not submitted within the said period, furnish the reasons therefore :

DECLARATION

I, do hereby declare that the above statements furnished by me are true and that I agree to abide by the General Provident Fund (Kerala) Rule as amended from time to time. I do hereby further declare that I shall accept the amount as admissible and authorized by the Accountant General (A&E), Kerala.

Place: **Dated signature of the subscriber**

(To be filled in by the Head of Office/Department)

I recommend for sanction the withdrawal of Rs. ( ) by the subscriber.

CERTIFICATE

1. It is certified that I have verified the particulars furnished by the subscriber against column 2,3,4,5 and 9 with reference to the relevant records in my office and that they are found to correct.
2. It is also certified that I have caused enquiries to be made about the statement contained in the application regarding the object of the proposed withdrawal and that I am satisfied that it is bona fide.

Station ..... **Dated signature of the Head of Office/Department**

VERIFICATION REPORT

1.	**Total amount at the credit of the subscriber in the Fund**	**:**	
2.	**Amount admissible under the rules**	**:**	
3.	**Rules(s) under which the sanction permitting the withdrawal by the subscriber is to be accorded**	**:**	
4.	**Any other facts, which require special consideration**	**:**	**Nil**

Endt. No ..... dated **Head of Office/Department**

To

The .....
.....
.....

In respect of a subscriber who is non-gazetted the verification report shall be furnished by the Head of Office with reference to the latest annual account slip issued by the Accountant General and the Office copies of the pay bills, etc., relating to the subsequent period.

In the case of Gazetted Officer, the Head of Office/Department shall furnish the verification report in the application with the help of the latest annual account slip issued from the Office of the Accountant General and certificate from the Gazetted Officer, showing subsequent deductions from his pay and advances/withdrawals, if any, taken from his account.

FORM E

[See rules 14, 20 & 37 (1)]

STATEMENT OF DEPOSITS AND WITHDRAWALS FOR THE PERIOD AFTER THE LAST CREDIT CARD TILL THE DATE OF APPLICATION

FOR: Non-Refundable Advance **FROM: GPF ACCOUNT**

Name of Subscriber: **G P F Account No:**

A. Deposits

Month & Year	Monthly Subscri-ption	Refund of Advance	Total Amount	Date of Encashment	Gross Amount	Net Amount	Name of Treasury
Mar-18							
Apr-18							
May-18							
Jun-18							
Jul-18							
Aug-18							
Sep-18							
Oct-18							
Nov-18							
Dec-18							
Jan-19							
Feb-19							
Mar-19							
Apr-19							
May-19							
Jun-19							
Jul-19							
Aug-19							
Sep-19							
Oct-19							
Nov-19							
Dec-19							
TOTAL							

B. Details of DA Credited to GPF since Last Credit Card

Sl. No.	No. and date of GO as per which the D.A. arrears was credited to PF	Period to which arrears related	Amount credited to GPF	Date of encash-ment of the bill	Gross amount of the bill	Net amount of the bill	Name of Treasury
1							
2							
3							
4							
TOTAL							

C. Details of withdrawals made after the Last Credit Card

Sl. No.	No. and date of sanction	Date of drawal	Amount	Name of Treasury	Nature of advance TA/NRA	Purpose
1					TA	
2					TA	
3					TA	
4					TA	
TOTAL						

If there is no withdrawal since the Last Credit Card that fact should be specifically stated in the proforma

D. Abstract

1. Total amount at credit as per last credit card for the year 2017-18

2. Total amount credited to PF account after last credit card (Total of A & B above)

3. Grand Total (items 1+2 above)

4. Total amount of advance drawn after the issunace of the last credit card (vide details furnished under C above)

5. Total amount of D.A arrears and Pay revision arrears if any not due for withdrawal as per existing Government Orders

6. Grand Total of items 4+5 above

7. Net balance at credit of the subscriber (3-6) on the date of application

Certified that the particulars furnished above have been verified with reference to pay abstract, acquittance roll, PF Pass Book and other connected records and found correct.

Signature of Drawing and Disbursing Officer /
Signature of subscriber in the case of Gazetted Officer

Place : **Name :**
Date : **Designation :**

FORM H

[See rules 20 & 37 (2)]

SANCTION FOR NON-REFUNDABLE WITHDRAWAL FROM GPF (KERALA)

1. Name of subscriber :

2. Designation and Permanent Employee Number :

3. Basic pay at the time of sanction the withdrawal :

4. Provident Fund Account Number and the reference number of the annual statement received from the Accountant General indicating Section number and Branch :

5. Object of the non-refundable withdrawal :

6. (i) Particulars and amount of loan, if any, taken by the subscriber for house building purposes under any housing scheme of the State Government :

(ii) Particulars and amount of any other assistance received by the subscriber from other Government sources, for the same purpose. :

[Sub columns (i) and (ii) above need be filled up only if the withdrawal is sanctioned for house building or allied purposes].

7. Balance at credit of the subscriber on this date (as verified from the account last rendered by the Accounts Officer/Head of Office/Department) :

8. Date of retirement :

9. Total service rendered by the subscriber on the date of application :

10. Amount of the non-refundable withdrawal :

11. Rules and orders under which sanction is accorded :

12. Number of instalments in which payment is to be made :

13. Special reasons, if any, for granting the withdrawal : No other source to raise the fund

Signature of the Drawing and Disbursing Officer/Sanctioning Authority

Name .....

Designation .....

(Office seal)

NRA DECLARATION

I had applied for a Non refundable advance amounting to Rs. ( ) and the same has been sanctioned by .... I hereby declare that I clearly understand that the amount payable is strictly provisional and subject to revision when any discrepancy my GPF account is deducted at a later stage and I further promise that if upon such revision the provisional payment made to me has been in excess of the amount eventually found admissible, agree to repay excess payment in lump failing which I agree that the amount may be recovered from me under the provisions of Revenue Recovery Act for the time being in force.

Signature of the subscriber

Witnesses:

1.

2.

Counter signature

Controlling officer