

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 : _____