DOCTOR HARISINGH GOUR VISHWAVIDYALAYA, SAGAR (M.P.)

(A CENTRAL UNIVERSITY)

NPS APPLICATION FORM 25% WITHDRAWAL

1. Purpose of withdrawal _____
2. Name of Applicant _____
3. Designation _____
4. Department _____
5. PRAN No. _____
6. Basic Pay
7. Present Address _____
8. Mobile No.
9. Others
   (A) Date of Appointment _____
   (B) Date of Birth _____
   (C) Date of Retirement _____

Declaration :- Certifify that the amount shall be solely used for the purpose mentioned herein.

Kindly enclose one of the following documents:-

(a) Cancelled Cheque (b) Photocopy of PRAN Card

Signature of the Applicant