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

Application Form For P.F. Refundable Advance / Non- Refundable Withdrawal

1 Purpose for which Advance is required _____

2 Advance Required _____

3 Name of the Applicant _____

4 Designation _____

5 Department _____

6 P.F. A/c No. _____

7 Whether Temporary / Permanent _____

8 Basic Pay _____

9 Present Permanent Address _____

10 Mobile No. _____

11 Name of two sureties (Applicable in Case of Withdrawal is required for Purchase of Site / construction of Subscribers own building) 1 _____

2 _____

12 Signature of Spouse (Wife/Husband) _____

13 Recommendation / Comments

Signature of Head of the Department

(With Rubber Stamp)

14 Others -;

(A) Date of Appointment _____

(B) Date of Birth _____

(C) Date of Retirement _____

15 Declaration -; Certify that the amount sanction shall be solely be used for the Purpose mentioned herein

Dated _____

Signature of the Applicant