

PUNJAB ENGINEERING COLLEGE (DEEMED TO BE UNIVERSITY), CHANDIGARH

Application proforma for non-refundable withdrawal from the Provident Fund
[Under Rule 16(1)]

1. Name of the subscriber : _____
2. Father's Name : _____
3. Designation : _____
4. Department / Section : _____
5. Employee Code: _____
6. PF Account Number: _____
7. Date of Joining Service: _____
8. Date of retirement / superannuation: _____
9. Basic Pay + Grade Pay: _____
10. Detail of net PF balance at the credit of the applicant on the date of application

| | | |
|----|--|--|
| a. | Closing balance as per statement issued immediately prior to the date of application | |
| b. | Contributions made subsequent to the closing balance, as at (a) above, from _____ to _____ @ Rs. _____ per month | |
| c. | PF advance/ withdrawal taken during the period from _____ to _____ | |
| d. | Refund made subsequent to the closing balance, as at (a) above, from _____ to _____ | |
| e. | Net balance at credit on the date of application | |

11. Amount of withdrawal required _____
12. Purpose for which withdrawal is required _____
13. Whether any withdrawal was taken for the same purpose earlier? If yes, indicate the amount and year : Rs. _____ year: _____
14. It is certified that I am an employee of the erstwhile Punjab Engineering College, Chandigarh and was later on permanently absorbed in Punjab Engineering College Society.
15. Also, I undertake that I will utilize the above advance for the purpose mentioned above and furnish a certificate to the effect within one month of the drawl of money.

Dated: _____

Signature of applicant

Forwarded for necessary action

Head of the Department

ACF&A

Punjab Engineering College (Deemed to be University)
Sector 12, Chandigarh

UNDERTAKING

I hereby undertake and state that I will utilize the non-refundable / refundable payment for the purpose _____ failing which I will return the whole amount in lump sum with interest / submit the Utilization Certificate within month.

Dated:

Signature

Full Name of applicant _____

Designation _____

Department _____

Mobile no. _____