



INDRAPRASTHA COLLEGE FOR WOMEN

University of Delhi

31, Sham Nath Marg, Delhi – 110054

APPLICATION FORM FOR ADVANCE/ WITHDRAWAL FROM PROVIDENT FUND

1.	Name of Employee	
2.	Designation	
3.	Department	
4.	Request For	Advance <input type="checkbox"/> Withdrawal <input type="checkbox"/> (Please tick (√) appropriate box)
5.	If advance, No. of instalments for repayment	
6.	Amount required	Rs. _____
7.	Purpose for which the advance/ withdrawal is required	
8.	Whether any advance/withdrawal was taken for the same purpose earlier. If so, indicate the amount and year.	

Declaration

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge and belief.

Date: _____

(Signature of Employee)

Note: No documents are required to be attached with this application form (Ref. OM No. 3/2/2017-P&PW(F)(ii) dated 07.03.2017).