

SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY
THIRUVANANTHAPURAM —695 011, INDIA.
(An Institute of National Importance under Govt. of India)

APPLICATION FOR WITHDRAWALS FROM GPF

1. Name of Employee :
2. E Code: Designation :
3. Basic Pay: Rs. Year of joining service :
4. Advance outstanding as on : Rs.
5. Purpose of Withdrawal :
 - a) If for Consumables, Item name and cost :
 - b) If for House building :
 - i. Location & measurement of Plot :
 - ii. Whether on free hold or lease hold :
 - iii. Whether Plan enclosed :
 - iv. If it is purchased from Society, Housing boards etc. details of same:
 - v. Cost of construction :
 - c) If withdrawal is required for education of children :
 - i. Name of son/daughter :
 - ii. Class & Institution/college where studying
 - iii. Details of expenses
 - a) For payment of Fee
 - b) Hostel Charges
 - c) Other expenses(details to be given)
 - d) For treatment of family members
 - i) Name of patient
 - ii) Relationship
 - iii) Name of Hospital/Doctor
 - iv) Details of expenses
 - a) For Medical
 - b) Other charges (details to be given)
6. Amount requested : Rs.
7. If any withdrawal was taken for the same purpose earlier, details of amount and year
8. Declaration regarding last non- refundable loan taken on _____ for Rs. _____ was utilized by me for the purpose for which it was sanctioned.

I certify that particulars given above are correct & complete to best of my knowledge and belief and nothing has been concealed by me.

Signature of Applicant

Date:

Name:

E Code: