

**ICMR- NATIONAL INSTITUTE OF MALARIA RESEARCH  
SECTOR-8, DWARKA, NEW DELHI-110077.**

**APPLICATION FOR FINAL WITHDRAWAL OF PROVIDENT FUND  
MONEY FROM THE ICMR PROVIDENT FUND**

(To be filled in triplicate)

1. Name of Subscriber. :  
(in block letter)
2. Designation. :
3. Name of the Office/Unit/Enquiry. :
4. Provident Fund Account No. :
5. Date of joining under the council . :
6. Date of leaving service under the Council. :  
ICMR Authority Letter No. and date.
7. Total period of continuous service under :  
the Council.
8. Amount of advance, if any, drawn during :  
preceding twelve months of date of  
leaving service.
9. Amount already refunded :
10. Amount of any other advance taken :  
from the Council due, if any.
11. Whether the balance of the advance :  
should be adjusted against the  
provident fund amount refundable.
12. Particulars of pay bill through which the :  
last deduction towards GPF subscription/  
refund of advance has been made.
13. Any other information.

(Signature of Applicant)

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1. Certified that Shri/Mrs./Ms. \_\_\_\_\_ of the Scheme National Institute of Malaria Research was relieved from his/her post with effect from \_\_\_\_\_ vide this office letter No. \_\_\_\_\_ dated \_\_\_\_\_
2. Certified that he/she has put in more than five years/less than five years' service under the Council.
3. Certified that there is no demand outstanding against Shri/Mrs./Ms. \_\_\_\_\_ In his/her provident fund Account No. \_\_\_\_\_ of ICMR \_\_\_\_\_ during the proceeding twelve months.
4. Certified that no advance was granted to his/her from the ICMR General Provident Fund Account No. \_\_\_\_\_ ICMR during the proceeding twelve months.
5. Certified that he/she was granted \_\_\_\_\_ advance of Rs. \_\_\_\_\_ has been recovered and a balance of Rs. \_\_\_\_\_ plus interest is due from him which may please be adjusted while making final payment.
6. Any other remarks.

SIGNATURE IN FULL  
HEAD OF OFFICE

Place:

Date: