OFFICE OF THE ACCOUNTANT GENERAL (A&E) ASSAM, MAIDAMGAON :: BELTOLA :: GUWAHATI - 29. APPLICATION FORM FOR TEMPORARY ADVANCE FROM G. P. FUND.

1.	Nan	ne of the Subscriber	:				
Z .	2. Account Number :						
3,	Dos	ignation	:				
4.	Pay		:				
5.	Balance at credit of the subscriber						
	on t	he date of application	as below :-	~			
	i)	Closing balance as pe	X				
		statement for the year	· · · · · · · · · · · · · · · · · · ·				
	ii)	Credit from	to				
		************************	*14*1****	•			
		***************		nud.			
	iiis	Refund of Advance/A	dunness '-				
	шу	fromto.					
		111111111111111111111111111111111111111					

			Total Rs.				
	iv)	Withdrawal during th	-				
	v)	Not balance at credit		•			
б.	Amount of Advance/Advances outstanding :- Rs.						
		ount of advance taken		Balance outstanding as on date			
	_	······		·			
	4		* / * * * * * * * * * * * * * * * * * *	**(************************************			
7 .	The	amount of advance re	quired Rs				
X.				d			
	(b)		-				
	(0)	_	_	etc., following information may be given:-			
			screment of the plot	t - i=			
		ii) Whether plot is fr		:-			
		iii) Plan for construct					
		iv) If the flat or plot !					
			e name of the societ				
		measurements., e	ociety, the location a	AT ILL			
		v) Cost of constructi		•** ••			
		-, TOLUMBYU	~,	•			

	VI) II the purchase of that is from Di			
	any House Board, etc., the locati	Oft	1.2	
	dimersion, etc., may be given. (d) If advance is required for educati	je Jamané	es.	
	children Callered a details of	OIT OT		
	children, following details may b	•		
	i) Name of the Son/Daughter	:- .		
	ii) Class and Institution/College			
	where studying.	:•		
	iii) Whether a day-scholar or a h	istler :-		
	(e) If advance is required for treatme	nt of		
	ailing family members, following	detalla		
	may be given	CONTROL		
	i) Name of the patient and relati	, , , isan albina a		
	1) I value of the patient and rolling	этын :-		
	ii) Name of the Hospital/Dispens	iaru/		
	Doctor where the patient is	and, y		
	Undergoing treatment.	- _		
	Charles a Cattionic,	; -	•	
	iii) Whether Outdoor/Indoor patic	ont :-		
	iv) Whether reimbursement avail-	able or not:-	-	
9.	Amount of the consolidated advance and number of monthly instalments in consolidated advance is proposed to be	which the		
	Raininstalment	5.		
10.	Full particulars of the pecuniary circu of the subscriber, justifying the applic	instances ation for		
	the advance.	:-		
and be	I certify that particulars given above a lief and that nothing has been conceale	re correct and comple d by me.	to to the best of my knowledge	;
	Thereby opt to draw the amount by ca	sh/Cheque.		
	•	Signatu	re of the applicant	
Date:			· No.	
	1	Name		
			•	
		Designation		
	_	No 4 ¹		
		ection	***********	
			•	