

**OFFICE OF THE PRINCIPAL ACCOUNTANT GENERAL (AUDIT) - I
TAMIL NADU & PONDICHERRY, 361, ANNA SALAI, TEYNAMPET, CHENNAI - 600 018.
APPLICATION FOR ADVANCE FROM G.P. FUND**

1. Name of the Subscriber
2. Account Number
3. Designation/Section
4. Pay
 - a) Date of Birth
 - b) Date of Superannuation
5. Balance at Credit of the subscriber on the date of application as below
 - i) Closing balance as per statement for the Year 20.....20.....
 - ii) Credit from.....to.....on account of monthly subscription
 - iii) Refund of advance
 - iv) Total
 - v) Withdrawals during the period from.....to.....
 - vi) Net Balance at Credit
 - vii) Date of Last Advance
6. Amount of advance outstanding, if any, and the purpose for which advance was taken by them
 - 1) Amount of advance taken.....
 - 2) Balance outstanding as on date.....
7. a) Amount of advance required
- b) Mode of Payment
8. a) Purpose for which the advance is required
- b) Rules under which the request is covered
- c) If the advance is required for education of Children the following details may be given:
 - i) Name of the Son/Daughter
 - ii) Class & Institution / College where studying
 - iii) Whether a day scholar or a hostler
- d) If the advance is required for treatment of ailing family members following details may be given:-
 - i) Name of the patients & relationship
 - ii) Name of Hospital/Dispensary/Doctor
 - iii) Whether outdoor/indoor patient
 - iv) Whether reimbursement available on not.

/AUDIT

Rs.

By DD / CHEQUE / CASH COUNTER / ICICI A/c

Note In case of advance under 8 (c) to 8 (e) no certificate of documentary evidence would be required. Amount of the consolidated (item 5 & 6) and number of monthly instalments in which the consolidate advance is proposed to be repaid Rs.....X.....instalments.

Full Particulars of the pecuniary circumstances of the subscriber justifying the application for the advance.

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

Date

Signature

p.t.o.

FOR OFFICE USE ONLY

DATE OF BIRTH

DATE OF SUPERANNUATION :

Rs.

AMOUNT ALREADY DRAWN

Opening Balance :	
Subscription :	
Repayments :	
Total :	
Withdrawals:	
Net Balance :	
Previous Advance :	
Amount Refund :	
Notional Balance :	
Notional Deduction :	
Total Balance of Previous advance :	
Fresh Advance :	
Total	

	Rs.	Month
T.A.		
P.F.W.:		

50%

75%

Bill drawn

Sr.A.O/Claims

	Rs.
Amount Sanctioned :	
Balance of Previous advance	
Total	
No. of Monthly Instalments	
Amount of recovery in each monthly Instalment.	

Sub:

Purpose: _____

Refund:

Rule: _____

Sr.AO/Claims

Sr. DAG (Admn.)