

**INSTITUTE OF CYTOLOGY AND PREVENTIVE ONCOLOGY (ICMR)
PLOT NO. I-7, SECTOR-39, NOIDA. 201 301**

Application for Withdrawal from

1.	Name of the subscriber	:	
2.	Account Number	:	
3.	Designation (with departmental suffix)	:	
4.	Pay	:	
5.	Date of joining service and the date of superannuation	:	
6.	Balance at credit of the subscriber on the date of application as below:	:	
	i) Closing balance as per statement for the year	:	
	ii) Credit from to..... On account of monthly subscription	:	
	iii) Refunds made to the Fund after the closing balance, vide (i) above	:	
	iv) Withdrawal during the period from to	:	
	v) Net balance at credit on date of application	:	
7.	Amount of withdrawal required	:	
8.	a) Purpose for which the withdrawal is required.	:	
	b) Rule under which the request is covered.	:	
9.	Whether any withdrawal was taken for the same purpose earlier. If so, indicate the amount and the year.	:	
10	Name of the Account Officer maintaining the Provident Fund Account	:	

Signature of Applicant

Name

Designation.....

Section/Division

Date: