

Application for advance from S.R.P.Fund (Permanent/Temporary)

Department.....

Office.....

1. Name of the Subscriber.....
2. Account No.....
3. Designation.....
4. Rate of Pay Rs.....
5. Balance at credit of the subscriber on the date of application as below:
 - (i) Closing balance as per statement for the year 200.....
 - (ii) Credits from.....toSubscription Rs.....
 - (iii) Refund of advance/advances.....
 - (iv) Withdrawals during the period fromto
 - (v) Net balance at credit Rs.....

6. Amount of advance/advance outstanding:

Amount of advance taken on date of sanction	Balance outstanding as on date
(i) Rs.....	Rs.....
(ii) Rs.....	Rs.....

7. Amount of advance required: Rs.....
8. (a) Purpose for which the advance is required.....
- (b) Rules under which the request is covered.....
- (c) If advance is sought for House Building etc., following information may be given:-
 - (i) Location and measurement of the plot:.....
 - (ii) Whether the plot is freehold or on lease.....
 - (iii) Plan for construction.....

:2:

iv) If the flat or plot is being purchased from H.B.Society, the name of the society, the Location and measurement, etc.....

(v) Cost of Construction.....

(vi) If the purchase of flat is from D.D.A or any Housing Board, etc. the location, dimension, etc. may be given.....

(d) If advance is required for education of children,

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.....

(e) If advance is required for treatment of ailing family

Member, following details may be given:-

(i) Name of the patient & relationship.....

(ii) Name of the Hospital/Dispensary/Doctor
Where the patient is undergoing treatment.....

(iii) Whether Outdoor/Indoor patient.....

(iv) Whether reimbursement available or not.....

Note:-In case of advance under 8 (c) to 8 (c) no certificate of documentary evidence would be required.

9. Number of the monthly installments in which the advance of Rs.....is proposed
To be repaid.....

10. Full particulars of the pecuniary circumstances of the subscriber, justifying the application for the temporary withdrawal.

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 of the applicant

Branch.....

Tele.....

(3)

(B) To be filled up by the Bill Compiling Officer.

1. Date of appointment..... 2.Date of birth.....
3. Date of joining P.F.....
4. P.F.A/c No.....SRPF-P/SRPF-T/V.P.F
5. Amount of previous withdrawal taken from SRPF-P/SRPF-T/V.P.F. inRs.....
6. (i) Rs.....outstanding from previous withdrawal after taking into account recovery made through Pay Sheet for.....
- (ii) No.of installments recovered.....out of.....
7. The balance of Rs.....remitted in cash/by Cheque vide Chief Cashier's Receipt No.....Dated.....
8. (i) Rate of pay Rs.....
- (ii) Assumed O.T/Mileage/Kilometreage Allowance Rs:.....
9. (a) Total monthly emoluments Rs.....
- (b) Monthly deductions:-
- (i) Court attachment Rs.....
- (ii) Co-operative Credit Society/Urban Bank Rs.....
- (iii) Provident Fund Subscription Rs.....
- (iv) Postal Premium on Life Insurance Policy Rs.....
- (v) P.F.Advance if sanctioned and paid Rs.....
- (vi) Income Tax Rs.....
- (vii) Surcharge on Income Tax Rs.....
- (viii) Rs.....

Total deductions Rs.....

Net amount payable Rs.....

Amount equal to 50% of monthly emoluments Rs.....

Station.....

Signature of the Bill Compiling Officer

Designation.....

Date.....200....

(Stamp)

(4)

(C) Orders of the Competent Authority

Sanction is accorded to the grant of Rs.....on account of
Interms of Rule 1321-RI...../Rly.Board's letter No.....dated..... and
forwarded to F.A&C.A.O/Sr. Accounts Officer.....for
arranging payment atstation in the presence and on the identification of.....
The Temporary withdrawal should be recovered ininstallments of Rs.....each.

Station.....

Signature.....

Date.....

Designation.....

(D) For use in Accounts Office, East Coast Railway

Accounts Bill No.....Dated.....

Passed for Rs.....
(in figures)

Gross amount Rs..... Dr.....

Deduction Rs..... Cr.....

Net amount payable Rs..... (.....)
(in figures)(in words)

Should be made at.....in the presence and on the identification of.....

.....
Accounts Clerk

.....
Sub-Head
Accountant

.....
Accounts Officer(P.F)
Sr. Accounts Officer.

(E)For use in the Cash Officer

Payment acknowledgement for
Rs.....

Signature.....

Witnessed by.....