

Rail Coach Factory-Raebareli

Application for Advance from S.R.P.F. (Permanent/Temporary)

Department.....

Office.....

(A) To be filled by the applicant

1. Name & Designation of the subscriber
2. AU/BU/PF No.
3. Rate of Pay (Pay + G.P., if any)
4. (a) Date of Birth
- (b) Date of Appointment
- (c) Date of retirement
5. Details of Bank
- (a) A/c No. already provided for salary
- (i) A/c No.
- (ii) Bank's Name & Branch
- (b) In case of change of Bank details, please furnish
- (i) A/c No.
- (ii) Name & Branch of Bank
- (iii) MICR No.
- (MICR) No. is mandatory failing which cheque
 will be issued for salary account)
6. Balance at credit as on date
7. Permanent withdrawal during the year
8. Advance outstanding, if any
- Amount of advance taken
- Balance outstanding as on date
- Rs.
- Rs.
9. Amount of Advance/Final withdrawal required Rs.
10. Purpose for which Advance/Final withdrawal is required.....
-
- (a) if Advance/Withdrawal is required for House Building etc. following
 information/documents must be submitted :-
- (i) Copy of permission
- (ii) Address of plot/house
- (b) If Advance/Withdrawal is required for education of children, following details
 may be given :-
- (i) Name of the son/daughter.....
- (ii) Course, Class/Year & Institution where studying.....
- (c) If Advance/Withdrawal is required for treatment of ailing family member,
 following details may be given :
- (i) Name of the patient & relationship.....
- (ii) name of hospital/dispensary/Doctor where the patient is undergoing
 treatment.....

(2)

(d) If Advance/Withdrawal is required for marriage/betrothal of dependant family member, the following details may be given :-

- (i) Name of dependant.....
- (ii) Relationship.....
- (iii) Age, date & Place of marriage.....
- (iv) In case of dependant (other than pass rules), the Advance/Withdrawal is admissible only when his/her father is not alive and he/she is not earning (Please certify)
.....
.....

(e) If Advance/Withdrawal is required for household goods etc, please indicate :

- (i) Name of commodity
- (ii) Cost of commodity

(f) If Advance/Withdrawal is required for pilgrimage, please indicate place of visit and approximate cost.

(g) If Advance/Withdrawal is required for any other purpose permissible under rules, please indicate full details.

Note: In case of Advance/Withdrawal from 10 (b) to (g), no certificate of documentary evidence would be required.

11. In case of Advance, number of monthly installments.....
(Maximum 30 or 60 installments as per rules, as the case may be)

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

I hereby declare that the above amount will be utilized for the purpose for which it was granted otherwise. I will be liable to return the unspent amount with interest thereon.

Date :

Signature of applicant _____

Name & Designation _____

Telephone No. _____

Sanctioned/Sactioned as a special case as per rules (please strike out which is not applicable).

Signature of sanctioning authority

Designation & with seal

It is certified that column no 1 to 7 except 5 as per official records and Final Withdrawal/

(3)

(B) To be filled by the Establishment Section

Temporary Advance of Rs. is admissible as per rules.
Voucher No. dated for Rs.
(Amount in words :)
Date :

Signature

Designation & Seal

(C) In case of Temporary Advance (to be filled by salary bill section)

1. Rs. outstanding from previous advance after taking into account recovery made through Pay Sheet of (month)
 2. Remitted in cash/by cheque vide Chief Cashier's receipt No. dated (if any)
 3. Rate if Pay Rs.
 4. (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 deduction Rs.
Amount equal to 50% monthly emolument Rs.

Station

Date

Signature of the Bill compiling officer

Designation/Stamp

(4)

(D) For use in Accounts Office

Accounts Bill No..... dated

Passed for Rs..... (Rupees.....)

(in figures) (in words)

Allocation

Gross amount Rs..... Dr

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

Net amount payable Rs..... (Rupees.....)

(in figures) (in words)

Payment should be made at..... in the presence and on the identification of

AA/JAA

S.O. (A)/PF
S.O. (A)/PF

Accounts Officer (P.F.)

For use in the Cash Office

PMR No.....

Payment acknowledgement for Rs.....

Signature.....

Witnessed by.....