

NAVODAYA VIDYALAYA SAMITI
REGIONAL OFFICE, _____

Application for withdrawals from Navodaya Vidyalaya Samiti,
Contributory Provident Fund

1. Name of the Subscriber : _____
2. C. P. F. Account Number : _____
3. Designation : _____
4. Basic Pay : _____
5. *i.* Date of Joining : _____
- ii.* Date of Superannuation : _____
6. Balance at Credit of the Subscriber on the : _____
Date of Application Detailed as below
- i.* Closing Balance as per Statement for the Year : _____, ₹. _____
- ii.* Add Credit from _____ to _____ : _____
On ACCOUNT of Monthly Subscriptions
- iii.* Less CPF Advance taken on Dated : _____, ₹. _____
- iv.* Add Refund of Advance up to Month : _____, ₹. _____
- v.* Less Withdrawals during the Period from : _____ to _____
: _____
- vi.* Net Balance at Credit : _____
7. Amount of outstanding advance : ₹. _____
(If any, and the purpose for which advance was taken) (III-IV)
8. Amount of Withdrawal Required : ₹. _____
9. *a.* Purpose for which the withdrawal is required : _____
- b.* Rule under which the request is covered : _____
10. Whether any withdrawal was taken further : _____
The same purpose earlier, If so, indicate the
Amount and the Year
11. Name of the Officer / Unit Maintaining : NVS _____
CPF Account Number

Date : ____ / ____ / ____.

Signature of Applicant : _____
Name : _____
Designation : _____
Section / Unit : _____

It is certified w. r. t. records, that the particulars shown i. r. o. the applicant in this application are found correct.

PRINCIPAL

Date : ____ / ____ / ____.

(_____)

With Office Seal