

**NAVODAYA VIDYALAYA SAMITI,
REGIONAL OFFICE, SHILLONG**

Application for Advance from Navodaya Vidyalaya Samiti, Contributory Provident Fund

1. Name of the subscriber : _____
2. Account Number : _____
3. Designation : _____
4. Pay (Basic) : _____
5. 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 _____ : Rs. _____
 - IV. **Add** refund of advance : _____
Up to Month : _____
 - V. **Less** Withdrawals during the period from _____ : _____ to _____
 - VI. Net balance at credit : _____
6. Amount of outstanding advance : Rs. _____
(If any, and the purpose for which Advance was taken) (III - IV)
7. Amount of advance required : _____
8.
 - a. Purpose for which the advance is required : _____
 - b. Rules under which the required is covered : _____
 - c. If advance is required for education of : _____
Children, following details may be given.
 - I. Name of the Son / Daughter : _____
 - II. Class and institution / College : _____
where studying.
 - III. Whether a day-scholar or a hostler. : _____
 - d. If advance is required for treatment of : _____
ailing family members, following detail
may be given.
 - I. Name of the patient and relationship : _____
 - II. Name of Hospital / Dispensary / : _____
Doctor where the patient is under going
treatment.
 - III. Whether outdoor/indoor Patient : _____
 - IV. Whether reimbursement available or not : _____

9. Amount of the consolidated advance (items 6 : _____
& 7) and number of monthly installments

10. 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.

Signature of applicant : _____

Name : _____

Designation : _____

Section/Unit : _____

Dated: ___/___/_____

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

PRINCIPAL

Dated: ___/___/_____

JNV : _____

Distt. : _____

State : _____