

FORM – (I)
(Section Rules – 14)

APPLICATION FOR SANCTION OF TEMPORARY ADVANCE
FROM ZILLA PARISHAD PROVIDENT FUND

1. Name of the Subscriber :
2. Z.P.P.F.Account No. :
3. Designation :

4. (A) Bank A/C No :

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(Xerox copy of Bank Pass Book should be enclosed)

- (b) Bank/Branch Name & Code No:

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5. Pay :
6. Balance of credit of the subscriber
On the date of application :
7. Amount of Advance out standing
If any, and the purpose for which
Advance was taken them :
8. Amount of advance required :
9. Purpose for which the advance
Is required :
10. Amount of the consolidate advance
Items 6&7and number and amount
Of monthly instalments in which
the consolidate advance is proposed
to be re-paid. :
11. Full particulars of the peculiar
Circumstances of the subscriber,
Justifying the application for
The temporary with drawal. :

SIGNATURE OF THE APPLICANT

FORM – 40A
(See instruction 4 (i) to (iii) under treasury Rules 17)

District : GUNTUR
Voucher No :
Sub Account No :
State Provident Fund :
Provident Fund :

Bill for withdrawing Final payment/ advance for the provident fund of

Sri/Smt

For the month of _____ in the Office.

1. Name & Designation of the Subscriber ::

2. Pay ::

3. No. & Date of sanction of Letter of Authority. ::

4. Nature of withdrawn ::

a) Final Payment :: Rs.

b) Advance :: Rs.

c) Other :: Rs.

5. Acqittance ::

6. Remarks ::

| S.No. | Name of the subscriber And Designation | Fund Amount | particulars of amount drawn | Amount refer |
|-------|---|----------------|--------------------------------|-----------------|
|-------|---|----------------|--------------------------------|-----------------|

Station:

Date :

Signature of the drawing
Officer & Designation.

Please pay to

Signature of the messenger.

1. Certified that I have satisfy myself sums included in bills (Form 40-A) drawn One/two/three months previous to this date in favour of member accounts No. _____ with the exception of these detailed (of which the total has been refunded by deduction in this form) have been disbursed to the proper persons and that acquittance have taken and filed in my office with receipt stamps duly cancelled for every payment.
2. Certified that the balance in the funds at the credit of Sri _____ of the date of withdrawn covers the sum in this bill.
3. Certified that the amount asked from the bill as required to meet the yearly premium due on in respect of policy No. _____ with the company limited _____ in policy/policies in question has been assigned to the Government of A.P. and in the custody of the ZPP for the details, of the policy/policies proposed to be taken has been communicated to and accepted by the Zilla Parishad.

| S.No. | Name of the Fund | Subscriber Account No. | No. of policy | Name of the Company | Due date of premium | stock No. |
|-------|------------------|------------------------|---------------|---------------------|---------------------|-----------|
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4. Certified that in respect of withdrawals made in bill (Form-10A) one/two/three months previous to the dates towards a payment of insurance premium the original premia receipt have been within one month of the date of withdrawals forwarded to the ZPP for duty produced to me for with the receipt and that necessary and orsement have been made on the receipt to that effect that the abetment of income tax is admissible.
 5. Certified that the member of policies from the GPF Dues not exceed fours the number of policies financed from the GPF exceeded four as these were accepted prior to 16.8.98.

Pay Rs.

Signature of Drawing Officer,
And Designation.

District Audit Officer,
State Audit.