FORM G #

[*See* rules 20 & 37 (1) of GPF (Kerala) Rules, 2011]

APPLICATION FOR NON-REFUNDABLE WITHDRAWAL FROM THE KUHS EPF

1. Name and designation of the subscriber and full official and residential address with PIN code. :

2. Basic Pay :

3. (a) Provident Fund Account Number :

(b) Employee ID Number (EID) :

4. Date of retirement :

5. Total service (in years) under Government/University as on this date :

6. Object of the withdrawal :

(a) If the withdrawal is required for meeting the expenditure in connection with the :- :

(i) higher education of any child or department of the subscriber :

ii) marriage of a son or daughter or any other female relative dependant of the subscriber; if he has no daughter. :

(iii) illness of the subscriber or any person actually dependant on him: :

(iv) (a) acquisition of land or acquisition of house site :

(b)acquisition of house or acquisition of ready built flat :

(v) (a) construction of a house :

(b) addition, alteration or reconstruction of house :

(c) maintenance/repair or upkeep of house :

(vi) purchase of car, motorcycles/scooter :

(b) Whether the withdrawal is required for repayment of loan taken for any of the above purposes :

7. Amount of the withdrawal proposed (both in figures and :

words)

8. Name of the Treasury/Bank at which payment is desired :

9. (a) whether any non-refundable withdrawal was made by him from the fund previously for the same or different object and, if so, furnish the details thereof :

(b) If any withdrawal was made as mentioned above, state whether he had submitted the utilization certificate in respect of that withdrawal to the appropriate authority within the prescribed time limit. If the certificate was not submitted within the said period, furnish the reasons therefore :

DECLARATION

I, ……do hereby declare that the above statements furnished by me are true and that I agree to abide by the General Provident Fund (Kerala) Rule as amended from time to time. I do hereby further declare that I shall accept the amount as admissible and authorized by the Registrar, Kerala University of Health Sciences.

Place ……. Dated signature of the subscriber

with full official address

(To be filled in by the Head of Office/Department)

I recommend for sanction the withdrawal of ……(Rupees…… ……. only) by the subscriber.

CERTIFICATE

1. It is certified that I have verified the particulars furnished by the subscriber against column 2,3,4,5 and 9 with reference to the relevant records in my office and that they are found to correct.
2. It is also certified that I have caused enquiries to be made about the statement contained in the application regarding the object of the proposed withdrawal and that I am satisfied that it is bona fide.

Station ……

Dated signature of the

Head of Office/Department

VERIFICATION REPORT

1. Total amount at the credit of the subscriber in the Fund. :

2. Amount admissible under the rules. :

3. Rules(s) under which the sanction permitting the withdrawal by the subscriber is to be accorded. :

4. Any other facts, which require special consideration. :

Finance Officer

modified as per the requirement of KUHS