

CIPET EMPLOYEES CONTRIBUTORY PROVIDENT FUND
GUINDY, CHENNAI – 600 032.

APPLICATION FOR WITHDRAWAL (P.F.)

1. Name : _____
2. Designation : _____
3. P.F.No. : _____
4. Amount Required : _____
5. (Basic Pay + Grade Pay) : Rs. _____
- Dearness Allowance : Rs. _____
- Total : Rs. _____
6. Purpose of withdrawal (in case of Medical grounds, Medical Officer's certificate for the amount required for the treatment is to be attached) : _____
7. No. of installments in which to be recovered : _____
8. Is there any outstanding loan balance : _____
9. I may be permitted to remit the loan balance against my account : _____
10. I hereby declare and confirm that the details of information furnished above are true and correct. I will be subject to such disciplinary action as the trustees may decide in the event of any of the above details turning out to be false, in-correct and misleading.

Dated : _____
Place : _____

Signature of the Applicant

Forwarded by Section Head : _____
Date : _____

Date of Receipt of Application at Corporate : _____

Head of the Department : _____

