

GOVERNMENT OF JAMMU AND KASHMIR DIRECTORATE OF SCHOOL EDUCATION JAMMU MUTHI CAMP ROAD, JAMMU J&K -181205

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Check list for GPF Withdrawal

S. No.	Items	Verification by DDO (Yes/NA)	Verification by Subordinate Office (Yes/NA)	Remarks
1	Application form for GPF Advance / Withdrawal (Form 3 & 4) as the case may be, properly recommended by DDO / Subordinate Office concerned mentioning amount in figures & words			
2	GPF Statement of Previous year & Current year duly attested by DDO			
3	Latest original GPF Schedule duly attested by DDO			
4	Photocopy of GPF Schedule duly attested by DDO			
5	A. Non-drawal certificate for Previous year & Current year duly authenticated by DDO with Number & Date. B. Non-drawal certificate must show previous withdrawn amount, if any, mentioning Treasury Voucher No. and date.			
6	GPF Withdrawal Sanction Copy, if withdrawal made during Previous year / Current Year.			
7	Undertaking Form signed by Subscriber & attested by DDO			
8	Copy of First page of the Service Book. A. Date of Appointment: B. Date of Birth: C. Date of Retirement/Superannuation:			
9	Due recommendation from DDO / Subordinate Office mentioning amount in figures & words			
10	If Superannuation of the Officer/Official is approaching, the Case should be recommended, if allowed, as per the GPF rules in vogue.			
11	Gap between two consecutive withdrawals must be more than 6 months.			
12	Contact number & e-Mail id of Subscriber (mandatory):			
13	e-Mail id of the DDO (mandatory):			
14	e-Mail id of the Subordinate Office (mandatory):			
15	Date on which Subscriber applied for Withdrawal (mandatory):			
16	Reason for delay in Submission / Recommendation of Complete GPF case (in all respects), If more than 03 (three) working days by DDO / Subordinate Office.			

SEAL & SIGNATURE OF DDO

SEAL & SIGNATURE OF SUBORDINATE OFFICE (CEO)

OFFICE OF THE _				
The Chief Education Doda	Officer,			
NO:/			D	Dated:-
Subject:- Grant of N	Non-Refundable G.P. Fund wi	thdrawal on favou	r of Shri/Smt.	
	· Kindly find enclos	ed the Non-refun	dable G.P.Fu	and withdrawal case of Sh/Sm
				t of an amount of an amou
Rs				her G.P. Fund bearing Accou
The	withdrawal is required by hin	n/her for		
	Office records, his/her partic		•	
Date of Birth	Date of 1st		oŕ	Pay & Grade
	Appointment	Retirement		
	1			
xiv) Withdrawa (xv) Less Amou	Col.(i) to(iv) Is made from / to: Int of 7 th PC arrear e at credit as on		Rs Rs	5 5 5
	amount of Rs.	as outstand		m/her is due from previous
	vance	and the desire below	No. 2 a t a	
otal amount of Rs	per month.	received from nim,	/ner in	installment of Rs.
			may k	kindly be sanctioned on his/h
or as Non Refundab	le G.P.F. withdrawal.			
			V	ours sincerely,
			10	ours sincerely,
losurers:				
Application form.	i constanti			
	ear			
Statement w.e.f. Non Drawal	/ to			
Undear taking/Af	fidavit			

CONTRACTOR OF THE CONTRACTOR O

	Application for grant of G.P fund advan	ce (Non-Refundable)
1	Name of the subscriber:	
2	Designation.	
3	Place of posting	
4	GPF A/C No	· ·
5	Basic pay/Pay Scale	
6	Date of birth.	
7	Date of Ist. Appointment	
8	Date of Retirement	
9	Balance at the credit of subscriber as on the	date of application.
1	As per the A/C statement for the year	Rs
2	Usual Subsription fromto	Rs
3	Refund of withdrawal fromto	Rs
4	DA etc. towards GPF fromto	
5	Amount of 7 th . Pay commission arrearto _	
6	Total column (01 to 05)	Rs
7	Less 7 th . Pay commission Arreartot	
8	With drawal fromtoto	Rs
9	Net Balance at the creditto	Rs
10	Amount of advance outstanding if any Rs.	_ advance (copy of last sanction
	is enclosed).	•
11	Amount of advance required	
12	Purpose for which the advance is required	
13	Rule under which the advance is required	
14	Non refundable withdrawals drawn previously	with purpose (enclosed
stat	tement)	
15	Full particulars of the peculiarly circumstances/	justifying the application for the
wit	hdrawal	

Sig. of the applicant

Sig. of the applicant and other particulars recorded in the above from are recorded in the above form are attested

UNDERTAKING/ DECLARATION

I, S/O D/O	handi
undertaking and declare:	, nereby give
1. That I am serving as(office), J&K and presently posted a	in the
(office), J&K and presently posted a	t(District)
and my GPF A/C no. is 2. That I have applied for GPF with	thdrawal for the purpose of
3. That I shall utilize the amount of	GPF refundable advance/non-
refundable withdrawal for the stated pu	
4. That all the advance/withdrawal made	
and there is no debit/minus balance in	
of J&K.	any bloaner and omice of or
5. That an amount of Rs	outstanding against mo is
due from previous advance and ago	
Rswill be re	
instalments of Rs	
6. That I shall abide by all the rules ar	nd regulations of the authority
concerned.	
7. That I shall furnish all relevant docume	ents related to the said purpose
of withdrawal whenever asked by the c	ompetent authority.
	Signature:
	Name of applicant:
	Designation: Place of posting:
	i lace of posting:



Form 3 Form for Application for Advance from General Provident Fund/Contributory Provident Fund

l.	Name	of the subscriber			
2.	Acco	unt Number (with Departmental suffix)			
3.	(i)	Designation			
	(ii)	Section/Branch			
4.	Basic	Pay/ (Pay in the Pay Band+Grade Pay)			
5.	Balar	ace at credit of the subscriber on the date of			
	appli	cation (if known)			
6.	Whe	her any advance is outstanding, if so, the			
	purp	ose for which advance was taken:			
7.	Amo	unt of advance required	₹	- Carlotte	
8.	(a)	Purpose for which the advance is required	***		
	(b) If advance is sought for House Building, etc,.				
		following information may be given:-	•		
		(i) Location and measurement of the plot	•••		
		(ii) Whether plot is freehold or on lease	***		
		(iii) Plan for construction	•••		
		(iv) If the flat or plot being purchased is from			
		a Group Housing Society, the name of the So	ciety,		
		the location and measurement, etc.	•••		
		(v) Cost of construction	•••		
		(vi) If the purchase of flat is from DDA o	r any		
		other State/city Development authority or			
		any Housing Board or any other			
		Government agency, the location,			
		Dimension etc., may be given			
	(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 member(s) of family, following details may be given:-
 - (i) Name of the patient and relationship ...
 - (ii) Name of the Hospital/Dispensary/
 Doctor where the patient is undergoing
 Treatment
 - (iii) Whether outdoor/indoor patient
 - (iv) Whether reimbursement available or not

Note:- In case of advance under 8 (c) to 8 (e), no certificate or documentary evidence is required.

- 9. Number of monthly instalments in which the consolidated advance (total of items 6 and 7) is proposed to be repaid instalments
- 10. (i) Special reasons for the advance if it is in excess of the limit laid down in rule 12 (1) or if there is an advance outstanding as on the date of application
 - (ii) Special circumstances if the advance is applied for the reasons other than those mentioned in rule 12 (1)

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

Dated:

Part II (To be filled in by the Drawing & Disbursing Officer)

Balanc	e at credit of the subscriber on the date of applicat	ion is gri
(i)	Closing balance as per statement for	₹
(ii)	the year on	₹
	account of monthly subscription Refunds	₹
(iii) (iv)	A mount of advance outstanding	,₹
(v)	Withdrawals during the period from	₹
(vi)	Net balance at credit	

Purpose for which advance was taken earlier. 2.

(Signature)

Name and Stamp of Drawing and Disbursing Officer

Part III (To be filled by the Administrative Office)

Comments/recommendations/orders on the application for advance from Provident Fund

(Signature)

Form 4

Pro forma for application for withdrawal from General Provident Fund/Contributory Provident Fund

1.	Nam	e of the subscriber				
2.	Acco	ount Number (with De	epartmental suffix)			
3.	(a) (b)	Designation Section/Branch			•••	
4,	Basic	Pay/ (Pay in the Pay	Band+Grade Pay)			
5.	Date	of joining service				
6.	Date	of superannuation				
7.	Balance at credit of the subscriber on the date of Application					
8.	(a)	Amount required as	s withdrawal			
	(b)	Is the application ne that is, one year be	nade under rule 15 (1) (0 fore the date of superant which the withdrawal is	nuation		Yes/No
9.	Whet	her any withdrawal we se earlier. If so, indic	vas taken for the same cate the amount and the	year		
Dated:				Signature	of Applic	ant
			2*	Name	······	

Part II (To be filled in by the Head of Office)

	Balance at credit of the subscriber on the date of ap	anticution is given below:
(i)	Closing balance as per statement for the year	
(ii)	Credit from to on	
	account of monthly subscription	 ₹
(in)	Refunds	र
(iv)	Amount of Advance outstanding	₹
(v)	Withdrawals during the period from	
	to	₹
(vi)	Net balance at credit	٠ ٢

- Purpose for which advance was taken

- 5. It is also certified that the total amount drawn, including the withdrawal from the Provident Fund, from all Government sources by the applicant for house building purposes does not exceed the maximum limit prescribed from time to time under rules 2 (a) and 3 (b) of the Scheme of the Ministry of Works and Housing for grant of advances for house building purposes.

Note: Strike-out which is not relevant.

(Signature)
Name and Stamp of Drawing and Disbursing Officer

Part III (To be filled by the Administrative Office)

Comments/recommendations/orders on the application for withdrawal from Provident Fund

(Signature)

PROFORMA(A).

(to be attached to application for Advance/Withdrwal from G.P.Fund) (Refer Government Order No268-F of2011 Dated 23.11.2011.

li.	Certified that I in the office of	working as have applied for		
advance/w	ithdrawal of Rs.	from my G.P Fund CC No.		
		r repairing/making additions/alterations to my		
residential	house situated at _	as reflected in		
		ed by me for the year ending 31st, December		
It is further certified that I have not claimed any Rebate on accour of HRA while filing income Tax Return for the year.				
II.	Certified that I	working as		
	in the office of	have applied for		
advance/w	vithdrawal of Rs	from my G.P Fund CC No.		
	for	r building/acquiring a suitable house for my		
loan expre purpose fro house, as o	residence including the cost of site or repaying the outstanding on account of loan expressly taken (details of loan sanction alongwith a photocopy) for this purpose from the Government. It is also certified that I do not own a residential house, as can be verified from my annual property return filed by me for the year ending 31Ist. December			
Counter Sig Head of off		Signature of Applicant, Name. Designation.		

Strike off if not applicable

PROFORMA (B).

(to be attached to application for advance from G.P.Fund) (Refer Government order No. 268-F of 2011 dated 23.11.2011).

Certified that t	he G.P. Fund advance Rs.	applied for
by me	from CC No.	
	_ is required to pay the expenses in con	nection with the
illness o my		(Name of
dependent family me	ember) as per the Medical certificate issu	ued by the
competent authority	enclosed .	
	Signature of	Applicant,
Counter signed.		
Head of Office,	Name .	
	Designation.	

PROFORMA (C)

(to be attached to application for advance from G.P.Fund) (Refer Government order No. 268-F of 2011 dated 23.11.2011

from CC No	Certified that G.P Fu	nd Advance of Rsis required to pay the e	applied for by me educational expenses of my dependant family member)	
who is a bene	efited student of	(Name of	(Name of	
institution)ur			(Name of course) session	
to		.His monthly/	.His monthly/annual Tuition fee is Rs.	
	(Certificate or	any other documentary proc	of issued by the school	
authorities)				
			Sig. of applicant,	
Cour	nter signed.			
Head	d of Office.		Name:	
			Designation:	

PROFORMA (D).

(To be attached to application for advance from G.P.Fund. (Refer Government order No. 268-F of 2011 dated 23.11.2011)

Certified that the G.P.Fund A	dvance of Rs	applied
for by me from CC No	is required to mee	et the expenses on
account of Marriage ceremony of my		
	(Name of depende	ent family member
which is scheduled to be performed on	•	
	Signatu	re of Applicnt,
Counters Signed.	Name:	
Head of officer.	Designa	ation