Performa for applications for advance from Provident Funds H.P. State Agricultural Marketing Board, Khalini, Shimla-171002.

Applio	cation for Advance from(Here enter the na		
1.	Name of the Subscriber		
2.	Account No.(With Departmental Suffix)		
3.	Designation		
4.	Pay		
5.	Balance at credit of the subscriber on the	2	
	date of application as below:-		
	(i) Closing balance as per statement for		
	the year	Rs	
	(ii) Credit fromto		
		Rs	
	(iii) Refunds	Rs	
	(iv) Withdrawals during the period from		
	to		
	(v)Net balance at credit	Rs	
6.	Amount of Advance/Outstanding, if any		
	and the purpose for which advance was	,	
	taken by them.		
	Amount of advance taken	Balance outstandi	ng
	Rs	as on date Rs	
7.	Amount advance required	Rs	
	1		
8.	(a) Purpose for which the advance is		
	required:		
	(b)Rules under which the request is		
	Covered		
9.	Amount of the consolidated advance		
	(Item 6 and 7) and number of monthly		
	Installments in witch the consolidated		
	Advance is proposed to be repaid	Rsin inst	allments
10.	Full particulars of the pecuniary		
	Circumstances of the subscriber,		
	Justifying the application for the		
	Advance		
11.	Bank detail Name: A/C No.	IFSC:	
my kn	I certify that Particulars given above are owledge and belief and that nothing has be	*	
	C.		
		gnature of applicant	
	Designation		