

**HIMACHAL PRADESH STATE AGRICULTURAL MARKETING BOARD,  
VIPNAN BHAWAN, KHALINI, SHIMLA-171002**

**APPLICATION FOR WITHDRAWAL FROM CONTRIBUTARY  
PROVIDENT FUND**

1. Name of the subscriber: \_\_\_\_\_
2. Account No. HMB- \_\_\_\_\_
3. Designation (with departmental suffix) \_\_\_\_\_
4. Pay: \_\_\_\_\_
5. Date of joining Service and date of superannuation: \_\_\_\_\_
6. Balance at credit of the subscriber on the date of application as below:
  - i) Closing balance as per statement for the year \_\_\_\_\_
  - ii) Credit from \_\_\_\_\_ to \_\_\_\_\_ on account of monthly subscriptions \_\_\_\_\_
  - iii) Refunds made to the Fund after the closing balance, vide (i) above .  
\_\_\_\_\_
  - iv) Withdrawal during the period from \_\_\_\_\_ to \_\_\_\_\_
  - v) Net balance at credit on date of application \_\_\_\_\_
7. Amount of withdrawal required \_\_\_\_\_
8. (a) Purpose for which the withdrawal is required \_\_\_\_\_  
(b) Rule under which the request is covered \_\_\_\_\_
9. Whether any withdrawal was taken for the same purpose earlier. If so, indicate the amount and the year \_\_\_\_\_
10. Name of the Accounts Officer maintaining the Provident Fund Account \_\_\_\_\_
11. Bank detail Name: \_\_\_\_\_ A/C No. \_\_\_\_\_ IFSC: \_\_\_\_\_
12. Previous withdrawal Utilization Certificate in respect of Contributory Provident Fund. \_\_\_\_\_

Signature of Applicant

Dated:

Name \_\_\_\_\_

Designation \_\_\_\_\_

Section/Branch \_\_\_\_\_