

ARMY GROUP INSURANCE FUND**APPLICATION FORM :MATURITY****PART 1**

1. Army No	OR18002525X	2. Old Army No	OR18002525X
3. Rank	Nk	4. Name	SUNIL DUTT
5. Regt/Corps	BEG(R)	6. Present Unit	Army Group Insurance Fund
7. Unit Pin Code	908112	8. Unit Address	c/o 56 APO
9. Fmn HQ	33 BDE	10. Permanent Home Address	UNCHI BASSI, LAMIN, HOSHIARPUR, PUNJAB,
11. Civil Postal Address		12. Date of Enrollment	25-04-2008
13. Date of Birth	03-04-1980	14. Date of Retirement	25-04-2030
15. Total Service (In Years)	17	16. E-Mail	SUNILDUTT2525gmail.com
17. Aadhaar No	6425-7251-1926	18. Pan No	ARQPD9740D
19. Mob No	9511057874	20. Salary Account No	30449888219
21. IFSC Code	SBIN0005047	22. Bank Branch	PUNJAB
23. Purpose of Withdrawal	Marriage of Ward	24. Amount of Withdrawal Reqd.	900000
25. No of Withdrawals	First		

PART 2**26. For Marriage of Ward**

(a) Name of Ward	SAMAR DUTT	(b) Date of Birth	01-04-2003
(c) DO Part-II No	0/0000/0000/2025	(d) Do Part II Date	01-05-2003
(e) Age of Ward	22	(f) Date of Marriage	28-10-2025

27. Certificate

- (a) Certified that the particulars given are correct & the amount will be utilized for the purpose mentioned in application
- (b) I understand that , if I withdraw money from maturity amount , it will reduce my ultimate saving amount receivable at the time of retirement/release/discharge as Member Maturity Fund.
- (c) Following documents signed by me are attached with the application (Strike out whichever is not applicable):-
- ✓ (i) Attested copy of Birth Part II Order of child(In case of edn/marriage of child).
 - (ii) Copy of Fee details of child (For Edn of Child) attested by OC unit.
 - ✓ (iii) Cancelled cheque or first page of passbook duly authenticated by bank.
 - ✓ (iv) Latest Pay Slip.

(vi) Estimate of cost of expdr(For renovation of House in the last two years of service)



(v) Marriage invitation Card(In case of marriage of child) duly attested by OC unit.

(vii) Personal application & sp docus (for seeking of special waiver).

(d) If the withdrawal is for second time, gaps after first withdrawal should be more than six months.

(e) I hearby declare that i have paid all my AGI subscriptions to AGIF on time upto the present date.

Verified by - Lt AGIF_CO IP Address – ::1 Date Time – 14-07-2025 15:28

Date: 14-07-2025

OR18002525X

Nk SUNIL DUTT