





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

1. Army No	OR15682057H	2. Old Army No	OR15682057H
3. Rank	Hav	4. Name	binod nath
5. Regt/Corps	SIG	6. Present Unit	Army Group Insurance Fund
7. Unit Pin Code	262308	8. Unit Address	c/o 56 APO
9. Fmn HQ	IHQ OF MOD	10. Permanent Home Address	Delhi, Delhi, Delhi, Delhi, 111054
11. Civil Postal Address		12. Date of Enrollment	28-01-2003
13. Date of Birth	01-10-1982	14. Date of Retirement	28-01-2027
15. Total Service (In Years)	22	16. E-Mail	sanjaychand1809@gmail.com
17. Aadhaar No	1122-5566-4488	18. Pan No	AJLPG8368B
19. Mob No	6005055381	20. Salary Account No	11111111119
21. IFSC Code	BAK01212111	22. Bank Branch	Testing
23. Purpose of Withdrawal	Marriage of Ward	24. Amount of Withdrawal Reqd.	500000
25. No of Withdrawals	First		

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

(a) Name of Ward	testing	(b) Date of Birth	01-01-2001
(c) DO Part-II No	0/0000/0000/2025	(d) Do Part II Date	01-02-2001
(e) Age of Ward	20	(f) Date of Marriage	01-01-2025

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:-
- (I)  Copy of birth Part II Order of child.
 - (II)  Cancelled cheque of salary acct.
 - (III)  Latest Monthly Pay Slip.
 - (IV)  Details of marriage duly self attested.
- (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 – 30-07-2025 14:58

Date: 30-07-2025

OR15682057H

Hav binod nath

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RECOMMENDATIONS AND COUNTERSIGNATURE

1. I certify that above MAWD application has been submitted by No **OR15682057H** Rank **Hav Name binod nath** of my Unit **Army Group Insurance Fund**. I identify his signature on supporting documents as attested by him and certify them to be correct.
2. It's certified that I am the CO/OC Tps/Head of Adm Branch of No OR15682057H Rank Hav Name binod nath. and I am authorised to countersign financial documents of this individual.
3. It is certified that Bank A/c No **11111111119** of Bank **Saddssdsd** with IFSC **BAK01212111** as given in the application and cancelled cheque is of Salary account of OR15682057H Hav binod nath
4. I have satisfied myself of the correctness of personal details and reasons for withdrawal given in application. I have perused the supporting documents and checked their correctness. Supporting documents uploaded are readable and latest.

Application is recommended for sanction and accordingly I countersign the same.

(Digital Signature of CO/OC Tps/Head of Adm Br)

OR15682057H

Hav binod nath

Mobile No: 6005055381

Digital Sign On: 30-07-2025 14:58



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