

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

1. Army No	JC779734M	2. Old Army No	JC779734M
3. Rank	Nb Sub	4. Name	SANJAY CHAND
5. Regt/Corps	EME	6. Present Unit	Army Group Insurance Fund
7. Unit Pin Code	333444	8. Unit Address	c/o 56 APO
9. Fmn HQ	DELHI	10. Permanent Home Address	BICHPURI, CHAKARPUR, US NAGAR, UTTARAKHAND,
11. Civil Postal Address		12. Date of Enrollment	15-02-2003
13. Date of Birth	18-09-1982	14. Date of Retirement	15-02-2029
15. Total Service (In Years)	22	16. E-Mail	sanjaychand1809@gmail.com
17. Aadhaar No	1111-1111-1111	18. Pan No	AKQPC4200Q
19. Mob No	6005055381	20. Salary Account No	12345678910
21. IFSC Code	SBIN001144	22. Bank Branch	CHAKARPUR
23. Purpose of Withdrawal	Marriage of Ward	24. Amount of Withdrawal Reqd.	800000
25. No of Withdrawals	Second		

**26. Details of Existing Agif Loans:**

S/No & Type of Loan	Date of Loan taken	Duration of loan	Amount Taken
Conveyance Advance	01-01-2022	60	1000000.00

**PART 2****27. For Marriage of Ward**

(a) Name of Ward	ABHINAV CHAND	(b) Date of Birth	27-06-2004
(c) DO Part-II No	0/0108/0002/2005	(d) Do Part II Date	01-04-2005
(e) Age of Ward	21	(f) Date of Marriage	01-12-2025

**28. 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 Pt II Order of child(In case of edn/marriage of child).
  - (ii) Attested 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.
- (v) Marriage invitation Card(In case of marriage of child) duly attested by OC unit
- (vi) Estimate of cost of expdr(For renovation of House in the last two years of service).
- (vii) Personal application & sp docus(for seeking of spl 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 – 11-07-2025 15:33

Date: 11-07-2025

JC779734M

Nb Sub SANJAY CHAND

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**RECOMMENDATIONS AND COUNTERSIGNATURE**

1. I certify that above MAWD application has been submitted by No **JC779734M** Rank **Nb Sub** Name SANJAY CHAND 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 of No **JC779734M** Rank **Nb Sub** Name SANJAY CHAND. and I am authorised to countersign financial documents of this individual.
- 3.I have interviewed him and verified his financial condition and established need for taking this MAWD. Applicant will be using MAWD amount for intended purpose only.
4. It is certified that Bank A/c No **12345678910** of Bank **STATBE BANK OF INDIA** with IFSC **SBIN001144** as given in the application and cancelled cheque is of Salary account of **JC779734M Nb Sub SANJAY CHAND**
5. I have satisfied myself of the correctness of personal details 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

JC779734M

Nb Sub SANJAY CHAND

Mobile No: 6005055381

Digital Sign On: 11-07-2025 15:33