

ARMY GROUP INSURANCE FUND
APPLICATION FORM :MATURITY

PART 1

1. Army No	OR14661207K	2. Old Army No	OR14661207K
3. Rank	Hav	4. Name	SANJAY CHAND
5. Regt/Corps	EME	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	BICHPURI, CHAKARPUR, US NAGAR, UK,
11. Civil Postal Address		12. Date of Enrollment	15-02-2003
13. Date of Birth	18-09-1982	14. Date of Retirement	15-02-2027
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	SBIN120012	22. Bank Branch	CHAKARPUR
23. Purpose of Withdrawal	Education of Ward	24. Amount of Withdrawal Reqd.	500000
25. No of Withdrawals	First		

26. Details of Existing Agif Loans:

S/No & Type of Loan	Date of Loan taken	Duration of loan	Amount Taken
House Building Advance	01-01-2011	120	2500000.00

PART 2**27. For Education of Child(Applicable for children studying in 12th Class and above**

(a) Name of Child	ADITYA	(b) Date of Birth	27-12-2008
(b) DO Part-II No	0/0022/0004/2009	(d) DO Part-II Date	01-04-2009
(e) Course	UG	(f) Name & Address of College	UTTARANCHAL UNIVERSITY
(h) Total Expenditure	850000		

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:-

- (I) ✓ Copy of birth Part II Order of child.
- (II) ✓ Cancelled cheque of salary acct.
- (III) ✓ Latest Monthly Pay Slip.
- (IV) ✓ Expenditure details 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 – 18-07-2025 11:38

Date: 18-07-2025

OR14661207K

Hav SANJAY CHAND

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RECOMMENDATIONS AND COUNTERSIGNATURE

1. I certify that above MAWD application has been submitted by No **OR14661207K** Rank **Hav** 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/Head of Adm Branch of No **OR14661207K** Rank **Hav** Name **SANJAY CHAND**. and I am authorised to countersign financial documents of this individual.
3. It is certified that Bank A/c No **12345678910** of Bank **SATATE BANK OF INDIA** with IFSC **SBIN120012** as given in the application and cancelled cheque is of Salary account of **OR14661207K** **Hav SANJAY CHAND**
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)

OR14661207K

Hav SANJAY CHAND

Mobile No. 9005055381

Digital Sign On: 18-07-2025 11:38