

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

1. Army No	SL00596L	2. Old Army No	OR1452632K
3. Rank	Capt	4. Name	RAKESH KUMAR
5. Regt/Corps	RAJ RIF	6. Present Unit	Army Group Insurance Fund
7. Unit Pin Code	133333	8. Unit Address	Civil Postal Address
9. Fmn HQ	army head quarters	10. Permanent Home Address	Delhi, VETTIKAVALA, KOLLAM, Delhi,
11. Civil Postal Address	Delhi	12. Date of Enrollment	30-07-2009
13. Date of Birth	30-07-1990	14. Date of Retirement	30-07-2042
15. Total Service (In Years)	15	16. E-Mail	hellomyfriends123@gmail.com
17. Aadhaar No	1212-3205-5625	18. Pan No	AIFPK6268A
19. Mob No	1234678952	20. Salary Account No	1234567891
21. IFSC Code	PUNB0001356	22. Bank Branch	KOTTARAKARA
23. Purpose of Withdrawal	Education of Ward	24. Amount of Withdrawal Reqd.	1500000
25. No of Withdrawals	First		

PART 2**26. For Education of Child(Applicable for children studying in 12th Class and above**

(a) Name of Child	S SKUMAR	(b) Date of Birth	31-07-2013
(b) DO Part-II No	00/012/2021	(d) DO Part-II Date	03-07-2025
(e) Course	12th	(f) Name & Address of College	UA UNIVERSITY
(h) Total Expenditure	1000000		

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.

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

(e) I hereby 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 – 28-07-2025 11:24

Date: 28-07-2025

SL00596L

Capt RAKESH KUMAR