

APPENDIX - (I)
(UNDER SECTION RULES - 14)
**APPLICATION FOR SANCTION OF TEMPORARY ADVANCE FROM
ZILLA PARISHAD PROVIDENT FUND**

- 1) Name Of The Subscriber (IN CAPITAL LETTERS) :: -----
- 2) Employee Code (Issued by Treasury) ::

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- 3) Designation & Place of Working :: -----

- 4) Provident Fund Account Number ::

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- 5) Basic Pay :: **Rs.**
- 6) Date of Birth (DD/MM/YY) :: -----
- 7) Date of Entry Into Service (DD/MM/YY) :: -----
- 8) a) **SBI** Savings Account Number ::

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(Xerox Copy Of **SBI** Bank Pass Book Should Be Enclosed)
- b) **SBI** Branch Name :: -----
- c) **SBI** Branch Code Number ::

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- 9) Previous Refundable Loan Details
- a) Date of Sanction (DD/MM/YY) :: -----
- b) Amount Sanctioned :: **Rs.**
- c) Amount of advance out standing if any, and the purpose for which advance was taken then :: **Rs.**

- 10) Balance of Credit of the Subscriber on the Date of Application (Enclose Latest ZPPF Slip) :: **Rs.**
- 11) Amount of Advance Required :: **Rs.**
- 12) Purpose for which the Advance is Required :: -----
- 13) Amount of the Consolidate Advance items 8(C) & 10. :: **Rs.**
- 14) Number and Amount of Monthly Installments in which the Consolidated Advance is Proposed to be repaid :: -----

- 15) Full Particulars of the Peculiar Circumstances of the Subscriber, Justifying the Application for the Temporary Withdrawal :: -----

RECOMMENDED / NOT RECOMMENDED

SIGNATURE OF THE APPLICANT

SIGNATURE OF THE HEAD OF THE INSTITUTION
WITH SEAL MEO/HM

Name : -----
Design: -----

FORM - 40A

(See Instruction 4(i) to (iii) under Treasury Rules 17)

**BILL FOR WITHDRAWAL FROM GENERAL AND OTHER PROVIDENT FUNDS
ANNEXURE**DISTRICT : **GUNTUR**

SUB-ACCOUNT: _____ VOUCHER No. : _____ of _____ 20

STATE PROVIDENT FUND _____ PROVIDENT FUND _____ of _____ BRANCH

Bill for Withdrawing **ADVANCE(REFUNDABLE)** Withdrawals from the **Zilla Parishad
Provident Fund, Guntur** of Sri / Smt. _____

For the month of _____ / _____ in the Office of _____

1) Name & Designation of the Subscriber :: _____

2) Pay :: **Rs.**3) Proceedings No. & Date of
Sanctioning Authority. :: _____4) Nature of withdrawn :: **RL**a) Amount :: **Rs.**

//Attested//

5) **Acqittance** ::
(Affix a Revenue Stamp & Sign Across)

MEO/HM

6) Remarks :: _____

Particulars of Amount Refunded:-

Sl. No.	Name of the Subscriber & Designation	ZPPF Account No.	Date of Drawl	Particulars of Amount Drawn.	Amount Now Refund Rs.
				RL	

Station :

Deputy Chief Executive Officer,

Date :

Zilla Praja Parishad, Guntur

Passed for Rs. _____ /-(In Words Rupees _____
_____ Only)

and PAY the same to Sri / Smt. _____

by way of CHEQUE / DD / ON-LINE ADJUSTMENT to the individuals Savings Bank
Account No. _____ at State Bank Of India, _____ Branch.// **ACCOUNT VERIFIED** //

MEO/HM

Deputy Chief Executive Officer,
Zilla Praja Parishad, Guntur

Contents Received _____

Signature of the messenger _____

1. Certified that I have satisfied myself that all sums included in bills (Form No. 40-A) drawn on month / two months / three months Previous to this date in favour of Messer's _____ Account No. _____ with the exception of those detailed (of which the total has been refunded by deduction in this bill) have been disbursed to the proper persons and that their acquittances have been taken and filed in my Office with receipts stamp duly cancelled for every payment.
2. Certified that the balance in the funds at the credit of Sri / Smt. _____ on the date of withdrawn covers the sum drawn in this bill.
3. Certified that the amount asked from the bill as required to meet the yearly premium due on in respect of policy No. _____ with the _____ Company Limited. The policy / policies in question have been assigned to the Government of Andhra Pradesh and in the custody of the ZPP, GUNTUR. The details, of the policy / policies proposed to be taken has been communicated to and accepted by the Zilla Parishad in his letter No. _____, dated _____.

Sl. No.	Name of the Subscriber with Account No.	No. of the Policy	Name of the Company	Amount of Premium	Due Date of Premium	Stock Number

4. Certified that in respect of withdrawals made in bill (Form-40A) one month / two months / three months previous to the date towards payment of insurance premium the original premium receipt have been within one month of the date of withdrawal and forwarded to the ZPP, GUNTUR with the exception of those _____ for the scrutiny and the necessary endorsements have been made on the receipt to the effect that the no statement of income tax is admissible.
5. Certified that the number of policies from the GPF Dues not exceeds fours the number of policies financed from the GPF / exceeded four as these were accepted prior to 16.8.98.

Station :

Date :

Deputy Chief Executive Officer,
Zilla Praja Parishad, Guntur**FOR USE IN AUDIT OFFICE**

Item _____ of _____

ADMITTED	:	Rs.
OBJECTION	:	Rs.
TOTAL	:	Rs.

Details of Objection, if any

ACCOUNTANT

District Audit Officer,
State Audit, Guntur