

**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 :: 

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( Issued by Treasury )
- 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

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 : **KURNOOL**

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, Kurnool** 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.**
- 5) **Acqittance** ::  
( Affix a Revenue Stamp & Sign Across )
- 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.
				<b>RL</b>	

Station :

Date :

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.

Dy.Chief Executive Officer,  
Zilla Praja Parishad, Kurnool

Contents Received \_\_\_\_\_

Signature of the messenger \_\_\_\_\_