

DO NOT FOLD



ALIGARH MUSLIM UNIVERSITY, ALIGARH
Application for Withdrawal from Provident Fund

1. Name of the Applicant
(in Block Letters) :
2. I.D.No. :
3. Father's Name :Mr.....
4. Designation :
5. Department/Office to which attached :
6. Rate of Pay per mensem :
7. Salary Register no. :
8. If transferred from other
Deptt./Office please state Deptt./Office
Month & year, in which transferred :
9. Pass Book no. :
10. (i) *Date of 1st continuous appointment* :
- (ii) *Age on the date of application* :
11. Amount desired to finally withdrawn : **Rs.**.....
12. Purpose for which final
withdrawal is to be made :

Dated

Signature of the applicant

RECOMMENDATION OF THE CHAIRMAN OF DEPT./HEAD OF OFFICE

1. Recommended for withdrawal of Rs..... (Rupees
from the P.F for the purpose of
2. Certified that the date of 1st continuous appointment of the applicant is
3. Certified that the age of applicant as on the applicant isyear.

Chairman/Head of Office /Deptt
(SEAL)