

SREE SANKARACHARYA UNIVERSITY OF SANSKRIT
FORM PF 4
(See Rules 17 and 27)
Application for non-refundable withdrawal from the SSUS Provident Fund

ACCOUNT NO.

1. Name and Designation :
2. Monthly Pay :
3. Date of retirement of superannuation :
4. Total service (in years) as on this date :
5. Object of the withdrawal :
 - (i) Higher Education of any child, indicate the nature and duration of the course :
 - (ii) Marriage of a son or daughter, specify the date of the marriage :
 - (iii) Illness of the subscriber/family members :
 - (iv) Acquisition of a house on site, furnish in whose name, relationship with the subscriber :
 - (v) Construction, reconstruction, repair etc. of a house, whether owned by the subscriber and/or his wife, whether the house is for the actual residence of the subscriber and/or his family :
 - (vi) Repayment of loan taken for the marriage of a son or daughter. The amount of loan, balance outstanding against it the date of the marriage :
 - (vii) Repayment of loan taken for the construction of a house or allied purpose. The amount of loan Balance outstanding against it. The name of the owner
Relationship with the subscriber :
6. Amount of the withdrawal proposed (both in figures and words) :
7. a) Details of non-refundable withdrawal made by him previously :
 - b) (i) Details of utilization certificate submitted :
 - (ii) Date of submission :
 - (iii) If not submitted, reasons therefor :
8. Special circumstances which necessitate the withdrawal :

(contd..)

DECLARATION

I,..... do hereby declare that the above statements furnished by me are true and that I agree to abide by the Sree Sankaracharya University of Sanskrit Provident Fund Rules as amended from time to time.

Place

Dated Signature of the subscriber
with full official address

To be filled in by the Head of Office

CERTIFICATE

1. I recommend for sanction the withdrawal of Rs.....
(Rupees
..... only) by the subscriber.
2. Certified that I have verified the particulars furnished by the subscriber against columns with reference to the relevant records in my office and that they are found to be correct.
3. Certified that I have caused enquiries to be made about the statement contained in the application regarding the object of the proposed withdrawal and that I am satisfied that it is bonafide.

Station

Dated Signature of the Head of the Office/
Department

VERIFICATION REPORT BY THE OFFICE OF THE ACCOUNT OFFICER

1. Total amount at the credit of the subscriber in the Fund :
2. Amount admissible under the rules :
3. Amount to be sanctioned :
4. Rule (s) under which the sanction permitting the withdrawal by the subscriber is to be accorded :
5. Any other facts which require special consideration :

Assistant /Section Officer