

SPMCIL EMPLOYEES PROVIDENT FUND TRUST

FORM NO 31

APPLICATION FOR REFUNDABLE / NON REFUNDABLE ADVANCE

Purpose for which advance is required _____		:	Amount of advance required		
			Rs. _____		
			In Words _____		

1.	Name in full (in block letters)	:			
2.	Father's/Husband's Name	:			
3.	Name of the factory/establishment in which employed and address	:			
4.	Provident Fund Account No.	:			
5.	Monthly basic wages and DA	:	BASIC	D.A.	TOTAL
6.	Full postal address of the member to which payment/intimation to be sent				
			PIN		
7.	MODE OF REMITTANCE :				
(a)	In case of advance for purchase of site/house/flat or construction through an 'agency'-or repayment of housing loan, indicate				
	(i) in whose favour the cheque is to be drawn				
	(ii) Full address :-				
	In other cases, put a tick (✓) against any one of the following :				
(b)	By account payee cheque through the employer (to the address given against Sl. No.3.				
(c)	By deposit in bank account no. _____ (Name of the Bank)				
	_____ located at _____				
	_____ (Full postal address)				
	*I declare that the advance is required to meet the expenses in connection with my marriage / marriage of my son/daughter/brother/sister. Shri/Kumari _____ (Name)				
	_____ (aged) to be celebrated on _____ (date) _____				
	at address _____				
	I declare that the above particulars are true to the best of my knowledge and I will abide by the conditions governing the grant of advance under the Scheme. Certificates/documents in support of my application is/are furnished/enclosed.				
Date :					
Station :					
		Signature/left /Right/hand thumb impression of the member			
* Delete if the advance applied for is not for marriage					

ADVANCE STAMPED RECEIPT

[To be furnished with reference to 7(a) or (b) or (c) above only]

Received a sum of Rs.* _____ (Only) from the SPMCIL Employees Provident Fund Trust towards the grant of advance from my Employees' Provident Fund Account maintained by them.

* (To be filled in by the SPMCIL Employees Provident Fund Trust Office)

**Affix Re. 1/-
Revenue
Stamp
Signature of
the member**

[TO BE FURNISHED BY THE EMPLOYER]

During closure/lock out of the factory/establishment by any Gazetted Officer or the Chief Executive/ Head of a local authority or M.P. or M.L.A.

Certified that the application has been signed by the member in my presence after he/she had read the contents/ the contents have been explained to him/her by me and that the information given in the application is correct. Required certificate(s) is/are enclosed.

Date _____

Designation of the signing official with
Stamp of the Factory/establishment

Encls.: _____

**Signature of the employer or an authorised
official of the factory/establishment**

FOR USE IN SPMCIL EMPLOYEES PROVIDENT FUND TRUST'S OFFICE

(AUTHORITY FOR PAYMENT OF ADVANCE RULES OF TRUST)

Passed for payment of Rs. _____ Rupees _____ only

Mode of remittance (Refer S.No. 7) _____

Helpdesk Assistant

Trustee(s)

FOR USE IN CASH SECTION

Paid by inclusion in Cheque No. / Demand Draft No. _____ dated the _____

Helpdesk Assistant

A.O.

Trustee(s)

REMARKS