

**APPENDIX-I (NEW ONLINE ADJUSTMENT)**  
**APPLICATION FOR SANCTION OF**  
**TEMPORARY ADVANCE (REFUNDABLE LOAN)**  
**FROM PROVIND FUND ACCOUNT**

01	Name of the Subscriber											
02	Provident Fund Account No.											
	Bank Account Number											
	Bank/ Branch Name (Xerox copy of Bank Pass Book 1 <sup>st</sup> page with attestation to be enclosed)											
03	Designation											
04	Place Of Working	Code	Place Name									
05	Pay (Basic Pay)											
06	Previous RL Sanctioned	Date	Amount Sanctioned	Amount Refunded								
07	Balance at the credit of the subscriber on the date of application											
08	Amount of advance now required (LATEST BALANCE SHEET OF CURRENT YEAR OBTAINED FROM WEBSITE SHOULD BE ATTACHED)											
09	Purpose for which the advance required (Certificate to be submitted)											
10	Amount of monthly instalments proposed to be repaid											
11	Full details of the peculiar circumstances applying the advance											
12	Signature of the applicant (With full address )											
13	Recommendation Of the Officer (Drawing and Disbursing Officer) (With Seal)											

**FOR OFFICE USE ONLY**

File Number & Date

No.

Date:

Amount

Amount in Words

Amount Sanctioned

Clerk

Superintendent

Accounts Officer (ZPP)

P # 2  
**ANNEXURE – I**

Instructions 4 (7) under Treasury Rule 17 bills for withdrawal from Provident Fund

Annexure \_\_\_\_\_ District \_\_\_\_\_ Voucher No. \_\_\_\_\_

Sub-Account No. \_\_\_\_\_  
 Of State Provident Fund \_\_\_\_\_  
 Provident Fund \_\_\_\_\_  
 Provident of \_\_\_\_\_  
 For the month of \_\_\_\_\_  
 in the office of the \_\_\_\_\_

Bills for \_\_\_\_\_ from the \_\_\_\_\_  
 Withdrawing Advance \_\_\_\_\_  
 Other Irregularities \_\_\_\_\_

Name & Designation of Subscriber	Pay (Rs.)	ZPPF Account Number	No. of date of sanction of letter authority	Nature of withdrawal	REMARKS
				Refundable Loan	

<b>FOR SUBSCRIBER'S USE ONLY</b>									
RECEIVED CONTENTS THROUGH MY BANK ACCOUNT NUMBER									
OF (BankName)_____ .									

Rs.1/- Revenue Stamp
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**PARTICULARS OF THE AMOUNT REFUNDED**

Sl.No	Name and Designation of the subscriber	Account No.	Particulars of amount drawn	Amount now refunded

Rs.

Net amount required

For payment

Rs.

Signature of the Drawing Officer &  
Designation

Station :

Please Pay Rs. \_\_\_\_\_

Date :

**CONTENTS RECEIVED**

1. Certified that I have satisfied myself all some including (Form 40-A) drawn one month/ two months/three months provision to this date in favour of member Account No. \_\_\_\_\_ with the expected of those detailed of which the Total has been refunded by deduction in this Form have been disbursed to the proper places and that acquittance have been taken and filed in my office with receipts stamps duly cancelled for every payments in cast of Rs.20/-
2. CERTIFIED that the balance asked from the bill is required to meet yearly premium due on the respect of Policy No. \_\_\_\_\_ with the company limited \_\_\_\_\_ in Policy No. \_\_\_\_\_ detailed below and that he policy/policies in position has been assigned to the Government of Andhra Pradesh and in the custody of the Z.P. for the policy/policies proposed to be taken has been communicated to the accepted by the Zilla Parsishad.