

**OFFICE OF THE DISTRICT & SESSIONS JUDGE : DELHI**

Application for advance from G.P.Fund

1. NAME OF THE SUBSCRIBER :: \_\_\_\_\_  
( in Capital letters)

2. Accounts Number :: \_\_\_\_\_

3. Designation :: \_\_\_\_\_

4. Pay :: \_\_\_\_\_

5. Balance of Credit of the Subscriber on the date of application as below:-

(a) Closing balance as per statement for the year 200\_\_\_\_\_

(b) Credit from \_\_\_\_\_to \_\_\_\_\_

SUBSCRIPTION \_\_\_\_\_

© Refund of advance / advance :: \_\_\_\_\_

(d) Withdrawal during the period:: \_\_\_\_\_

(e) Not balance at are it :: Rs. \_\_\_\_\_

6. Amount of advance/advances outstanding: -

Amount of advance taken  
On date of sanction

Balance outstanding as on date

1. \_\_\_\_\_

2. \_\_\_\_\_

7. Amount of advance required :: Rs. \_\_\_\_\_

(a) Purpose for which the advance  
is required : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_

(b) Rules under which the request is covered : \_\_\_\_\_  
: \_\_\_\_\_

© If advance is sought for house Building etc. following information may be given:-

(i) Location and measurement of the plot : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ii) Whether plot is free hold or no lease : \_\_\_\_\_

(iii) Plan for construction : \_\_\_\_\_  
\_\_\_\_\_

(iv) If the flat or plot being purchased is from the H.S.Society, the name of the Society the location & measurement etc :- \_\_\_\_\_  
\_\_\_\_\_.

(v) Cost of construction : \_\_\_\_\_

(vi) If the purchase of flat is from D.D.A. or any house Board, etc. may be given :- \_\_\_\_\_  
\_\_\_\_\_

(b) If advance is required for education of children following details may be given:-

(i) Name of the Son/Daughter : \_\_\_\_\_

(ii) Class & Institution/College : \_\_\_\_\_

(iii) Where a day scholar or a : \_\_\_\_\_  
a hosteller

9. If advance is required for treatment of ailing family members, following details may be given:-

- (i) Name of the patient & relationship : \_\_\_\_\_  
\_\_\_\_\_
- (ii) Name of the Hospital : \_\_\_\_\_  
Dispensary/Doctor whether : \_\_\_\_\_  
the patient is undergoing : \_\_\_\_\_  
treatment : \_\_\_\_\_
- (iii) Whether outdoor/indoor Patient : \_\_\_\_\_
- (iv) Whether reimbursement available or not : \_\_\_\_\_  
\_\_\_\_\_

NOTE

In case of advance under 8(C) to 8 (9) no Certificate of documentary evidence would be required.

10. Amount of the consolidate advance ( item 6 & 7) and number of the monthly instalments in which the Rs. \_\_\_\_\_ consolidated advance is proposed to be repaid in \_\_\_\_\_ instalments.

11. Full particulars of the pecuiry circumstances of the subscriber, justifying the application for the temporary withdrawal.

12. I certify that particulars given above are correct & complete to the best of my knowledge and belief and that nothing has been concealed by me.

Dated: \_\_\_\_\_

Signature of Applicant  
(Name : \_\_\_\_\_ )  
Designation \_\_\_\_\_  
Branch/Court \_\_\_\_\_  
\_\_\_\_\_

