

Employees Provident Fund Scheme Form 31

Application for Advance from the Fund

[Refer : INSTRUCTIONS]

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. U.P./
 5. Monthly basic wages & D.A. Basic + D.A. Total
 6. Full Postal address of the member to which payment/intimation to be sent
 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, and
 - (ii) full address.....
 - In other cases, put a tick (☑) against any one of the following :
 - (b) by account payee cheque through the (employer of the address given against Sl. No. 3)
 - (c) By deposit in Bank Account No. in figures..... in words
..... Name of Bank.....
.....
 - (d) By money order at my cost to the address given against Sl. No. 6
.....

*I declare the advance is required to meet the expenses in connection with marriage/marriage of my son/daughter/brother/sister/Sri/Kumari

.....
(Name)
Aged..... To be celebrated on at
Date Address.....

I declare that the above particulars are true to the best of my knowledge & I will abide by the condition governing the grant of advance under the scheme Certificate/documents in support of my application/is/are furnished/enclosed.

Station.....
Date.....

.....
Signature/Left hand thumb impression
of the member

Advance Stamped Receipt

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

Received a sum of Rs.*..... (Rupees %)
from the Regional Provident Fund Commissioner/Officer-in-Charge of sub-
Regional]Office Employees' Provident Fund towards the grant of advance from
my Employees' Provident Fund Account mentioned by firm.

To be filled in by the E.P.F. office.

Affix 1 Re
Revenue
Stamp

Signature of member

(TO BE FURNISHED BY THE EMPLOYER)

[During the closure/lockout of the Factory/Establishment by any gazetted officer
or the Chief executive/Head of local authorised (sic) or MP or MLA or member of
C.B. T. / Regional Committee EPF]

Certified that the application has been signed by the member in my presence
after he/she has read the contents and 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 officer with
Stamp of the Factory/Establishment

.....
Signature of the Employer
or an Authorised Officer of
the Factory/Establishment

Encl.....

For use in Provident Fund Commissioner's Office

Section.....

Account No.

AUTHORITY FOR PAYMENT OF ADVANCE UNDER PARA : 68

Passed for Payment for Rs. (Rupeesonly)

Mode of remittance : Refer Sl. No. 7

M.O. Commission if any, Net Amount to be paid by M.O.

Clerk

Head Clerk

Accounts Officer

P.I. No.

Vide Payment scroll

P.C. to A.O.

For use in Cash Section

Paid by inclusion in Cheque No. Dated the.....,
vide Cash Book (Bank) Account No. 3 debit item No.

Clerk

Head Clerk

Assistant Commissioner

Remarks

Instructions

A member of the fund may avail the following non-refundable in advances.
The documents to be furnished in support of the application are given in brackets.

- Purchase of the Dwelling site :** (From on "Agency" Original allotment order)
From an individual : Original title deed non-encumbrance certificate (for varification and return agreement with the seller)
- Purchase of Dwelling-house/Flat :** (From on "Agency" Original allotment order)
From an individual : Original title deed (for verification and Return) agreement with the seller, non-encumbrance certificate from appropriate authority that the house/flat is a new and unlied one furnishing the number and date of plan approval commencement and completion of the house/flat tax bill and receipts.
- Construction of a House :** Original title deed for verification and return (non-encumbrance certificate estimated, cost of construction, Approved Plan Note : While claiming the second and subsequent instalment the declaration/certificate as required by the Commissioner in his letter sanctioning the advance should be submitted along with the application)
Agency-referred to-in 1 to 3 above would mean Central/State Government, a cooperative society, an institution, a Trust, a Local Body or a Housing Finance Corporation in case of transaction through an agency the payment will be made only by account payee cheque direct to the 'Agency' concerned.

4. **Addition, Alteration, or Improvement to the House Owned by member or by Spouse** : (Approval of the appropriate authority, estimate of the work, original title deed of the house (for verification) non-encumbrance, a certificate, from the appropriate authority specifying the date of completion of the house)
5. **Repayment of (Housing Loan to State Govt. Housing Board, Municipal Corporation or a Body similar to Delhi Dev. Authority** : (A Certificate from the lending authority furnishing the details of loan and outstanding amount)
6. Closure/Lockout of the Factory & Establishment, for reasons other than Strike; (Furnished the Certificate "A" given overleaf)
7. Non-Receipt of wages for 2 months; (Furnish the Certificate 'B' given overleaf)
8. Illness of member/Family Member : (Furnish the Certificate 'C' given overleaf)
9. Marriage of Self/Son/Daughter/Sister/Brother.
10. Post-Matriculation Education of Son/Daughter : (certificate from the institution regarding the course of study and anticipated expenditure)
11. Damage to the property due to Natural Calamity (Flood/Riot/Earthquake) : (Furnish the Certificate 'D' given overleaf)
12. Affected by cut in Electricity : (Furnish the Certificate 'E' given overleaf)
13. Purchase of Equipment for physically Handicapped Member . (Furnished the Certificate 'F' given overleaf)

Note :

(1) Such other documents, certificate etc. as may be required by the sanctioning authority are also required to be furnished, through the establishment.

(2) In case no intimation is received with the month please write to the R.P.F.C. / Officer-in-Charge of such Regional Office through the establishment.

CERTIFICATE – A (Refer : Instruction Sl. No. 6)

Certified that no compensation was paid to the member Sri/Smt.....
 For the period of lockout/closure.

(Signature of the employer/authorised official with date and seal)

CERTIFICATE – B (Refer : Instruction Sl. No. 7)

Certified that member Sri/Smt./.....
 has not received his/wages for a continuous period of two months or more i.e.
 from to

(Signature of the employer/authorised officer with date and seal)

CERTIFICATE – C (Refer : Instruction Sl. No. 8)

Certified that --

- (i) The member Sri/Smt..... has / had been granted leave for a period of from to.....
- (ii) The ESI facilities/cash benefits are not actually available to the member/the member has ceased to be eligible for cash benefits under ESI certificate from ESI enclosed.

(Signature of the employer/authorised officer with date and seal)

Medical certificate to be issued (I) In case of major surgical operation or where the hospitalisation for one month or more had or has become necessary by the Doctor of the Government/ESI/Private Hospital (ii) In case of treatment of T.B./Leprosy, paralysis or cancer by Doctor of Govt. / Private Hospital/ESI or by a Regd. Medical Practitioner (iii) in case of treatment of heart ailment or mental derangement by a specialist doctor.

Certified that Sri/Smt..... S/o/W/oD/o.....

- (i) is suffering from T.B./Leprosy/Paralysis/Cancer/Mental derangement/Heart ailment.
- (ii) is suffering from (disease) for which a major surgical operation and hospitalisation for a period of days from
- (i) is suffering from and hospitalisation for period days from to had or has become necessary.

Delete if not applicable

(Signature of Doctor with dated seal)

CERTIFICATE – D (Refer : Instructions Sl. No. 11)

Certified that the movable / immovable property of Shri..... viz situated at has been damaged due to On date the estimated loss of property due to calamity is valued at Rs. The State Government has declared that the calamity has affected the general public in the area in which the property of member is / was located vide notification press release no. and date.....

(Signature of the Employer/revenue officer/Gazetted with seal
and Member of C.B.T. /Regional Committee with date and seal)

CERTIFICATE – E (Refer : Instructions Sl. No. 12)

Certified that the fall in wages amounting to 25% more than 25% of the wages in
respect of Shri/Smt..... is due to power cut.

(Signature of the employer/authorised official with date and seal)

CERTIFICATE – F (Refer : Instructions Sl. No. 13)

Certified that Sri/Smt./Km..... S/o/W/oD/o.....is
physically handicapped viz. and requires equipment.

(name of handicap)

viz. Costing about Rs. to minimise the
hardship on account of handicap.

(Signature of the Doctor with date and seal)