

KERALA STATE ELECTRICITY BOARD LIMITED

FORM D

[See rules 14 & 37 (1)]

FORM OF APPLICATION FOR TEMPORARY ADVANCES AGAINST DEPOSITS IN GENERAL PROVIDENT FUND (KERALA)

1. Name and Account Number of the subscriber :
2. Designation and Employee Code :
3. Basic pay :
4. Amount of advance required (both in figures and words) :
5. Purpose of which it is required :
6. Number of instalments of recovery proposed :
7. Date of complete repayment of the previous loan :
8. Details of advances pending recovery:—
 - (1) number and date of the order granting previous advance :
 - (2) the amount of previous advance :
 - (3) date and drawal of previous advance :
 - (4) balance outstanding :
9. Amount of consolidated advance [sum of items 4 and 8 (4)] and the number and amount of monthly instalments in which the consolidated advance is proposed to be repaid :
10. Name of treasury at which payment is desired :
11. I hereby declare that the above statements are true and that I agree to abide by the General Provident Fund (Kerala) Rules in force. I also promise to repay the above advance in equal monthly instalments according to Rules.

Place.....

Date.....

Signature of the subscriber
with name and designation

12. Enquiry Certificate

Place.....

Date.....

Signature of Head of Department or Office

VERIFICATION REPORT

- 13. Total amount at the credit of the applicant :
- 14. Amount of advance admissible :
- 15. Number of instalments of repayments :
- 16. Any other fact requiring consideration :

(Head of Office or Department)

KERALA STATE ELECTRICITY BOARD LIMITED

FORM N

[See rule 37 (5)]

FORM OF BILL FOR PAYMENT OF PROVIDENT FUND MONEY

Adjustable by

Voucher No.....

Date.....

Bill for withdrawing final payment / advance/ other withdrawal from the General Provident Fund (Kerala) of Sri/Smt.....

of the..... for the month of

Sl. No.	Name and designation of subscriber and basic pay	General Provident Fund Account No.	No. date of sanction / letter of authority	Final payment/ advance/ other withdrawals	Amount

Total.....

Net amount required for payment (in words) Rupees

Signature : Stamp

Pay Rs.

(Rupees.....)

(Designation of the Drawing Officer)

Station.....

Date.....

Accounts Officer

Contents received

Pay to.....

Examined and entered

Divisional Accountant

(Signature of the Drawing Officer)

CERTIFICATE

Certified that I have satisfied myself that all sums included in the bills in Form N drawn previous to this date in favour of Messrs..... Account Nos..... have been disbursed to the proper persons and that their acquittances have been taken and filed in my office with receipt stamp.

(Signature of the Drawing Officer)

Name.....

Designation.....

For use in Audit Office

Admitted.....

Objected.....

Auditor.....

Accountant