

**U.P. SAMAJ KALYAN NIRMAN NIGAM LTD. CONTRIBUTORY
PROVIDENT FUND TRUST**

C.P.F. ADVANCE FORM

This form is applicable for advance from the fund for the purchase of house/ land, construction of house as per clause 19A of U.P. Samaj Kalyan Nirman Nigam Ltd. Contributory Provident Fund Rules.

**A. To be filled in by the applicant.
(Fill up each column. Write N.A., if not applicable)**

1. Personal Data :

- (a) Name in full :
- (b) Designation :
- (c) Provident Fund A/c No. :
- (d) Division :
- (e) Date of joining :
- (f) Grade of pay :
- (g) Basic pay :
- (h) Dearness Allowance :

2. Amount of advance required :

3. Purpose for which advance is required :

- (a) Purchasing a dwelling house :
- (b) Purchasing a dwelling site :
- (c) Construction of a dwelling house :
- (d) Addition/substantial alteration or substantial improvements necessary to the dwelling house owned by member :
- (e) Completing the construction of the dwelling house already commenced by member/cooperative housing society. :
- (f) Acquiring a flat in a building :

4. Whether any advance has been sanctioned :
for any of the purpose mentioned against :
S.No. 3. If so, the date of sanction the of. :

5. Area and location of the dwelling site/house :
intended to be purchased/constructed is within :
or outside municipal area. :

6. Name & Address of the present owned of the :
dwelling site/house intended to be purchased :

7. Present state of the dwelling house of the state
at which the construction is now on to be filled
in if the advance is required for purpose (d) or
or (e) mentioned against S.No.3
8. Please mention the name of authority to whom
payment is to be made.
9. State of to be mentioned in case of (a) & (b)
- (i) Title deed of proposed seller :
 - (ii) Non-encumbrance certificate in respect :
of the dwelling site/house to be purchased
 - (iii) Agreement with the vendor for the :
purchase of site/house 3 (c) & 3 (d)
 - (i) Original title deed or certificate from :
appropriate revenue authority regarding
ownership and non-encumbrance of the land.
 - (ii) Non-agricultural use certificate from :
appropriate revenue authority (in respect
of agricultural land) on which dwelling house
is proposed to be constructed.
 - (iii) Sanctioned Construction plan
 - (iv) An estimate of the cost of construction :
in the case of the advance for the const- :
ruction of the house

C O N D I T I O N S

I undertake to comply with the following conditions

- (a) The amount of advance shall be utilized for the purpose applied for.
- (b) If the amount of advance is in excess of the actual expenditure incurred for the purpose for which the advance was granted the excess shall be refunded to the fund within 30 days of the finalisation of the purchase or completion of the construction or completion of the additions to the dwelling house as the case may be.
- (c) If the advance is for construction of dwelling house, the construction shall be commenced within six months of the with drawl of the first installment and completed within six months of the final installment.

- (d) If the advance is for the purchase of a dwelling site or house the purchase shall be completed within six months of the withdrawal.
- (e) The amount of the advance shall not be utilized in purchasing a dwelling site or house which is not free from encumbrance and which is a share in a joint property. (Except your spouse)
- (f) Such title deeds, plans, other documents and information related to the intended purchase, construction or addition as may be called or by the Trust from time to time shall be furnished to the Trust on demand.
- A declaration in the form prescribed by the Trust shall be furnished to the Trust immediately on finalization of the purchase or completion of the construction or additional to the house.
- (g) If the purchasing or construction for which the advance is granted does not materialized or if there is any breach of the condition specified herein or in the E.P.F. Scheme the entire amount of the advance together with interest thereon at the rate of 4% of the amount which is refundable shall be refunded to the Fund.

D E C L A R A T I O N

I declare that :-

- (i) The dwelling site/house intended to be purchased out of the advance applied for is free encumbrances and is not a share joint property. (Except my spouse)
- (ii) Without the further advance now applied for the construction already commenced cannot be completed / additions which are essential cannot be made.
- (iii) I am the sole owner / co-owner with spouse of the land on which I intend to construct a dwelling house out of advance applied for.

OR

My spouse is the sole owner of the land on which I intend to construct a dwelling house out of the advance applied for.

- (iv) I have not taken any advance from the fund under clause 19A of U.P. Samaj kalyan Nirman Nigam Ltd. Contributory Provident Fund Rules.
- (v) All requirements of the local authorities in connection with the intended construction / purchase have been satisfied.
- (vi) No any foots have been hidden and all information given by me are true and correct. I will be personally responsible, if any information found incorrect or false.

Date:

Place:

Signature of applicant

RECOMMENDED / NOT RECOMMENDED

Head of Division

For Personnel Division

Certified that the information furnished at S.No. 1 (a,b,c,d to g) above is correct as per our records.

Signature of dealing Asstt.
(With designation)

Office Superintendent

Personnel Manager

For Finance Division

Certified that the information furnished at S.No.1(g & h) above is correct as per our records.

Asstt.Acctt./Acctt..

Senior Accounts Officer

Senior Internal Audit Officer

**U.P. SAMAJ KALYAN NIRMAN NIGAM LTD. CONTRIBUTORY
PROVIDENT FUND TRUST**

C.P.F. ADVANCE FORM

This form is applicable for advance from the fund the purpose of medical treatment/marriage specified in clause 9C/19D of U.P. Samaj Kalyan Nirman Nigam Ltd. Contributory Provident Fund Rules.

**A. To be filled in by the applicant.
(Fill up each column. Write N.A., if not applicable)**

1. Personal Data :
 - (a) Name in full :
 - (b) Provident Fund A/c No. :
 - (c) Designation :
 - (d) Division :
 - (e) Date of joining :
 - (f) Grade of pay :
 - (g) Basic pay :
 - (h) Dearness Allowance :
2. Amount of advance required :
3. Purpose of which advance is required :
Please furnish proof in support of applic-
-ation. If proof is not available please state
the reasons for not submission or declaration.
4. If advance is required for marriage please state the following :-
 - (a) Date :
 - (b) Place of the function :
5. If advance is required for medical treatment please furnish the following.
 - (a) Name of disease :
 - (b) Name & address of the Doctor/Hospital :
 - (c) Name of the patient :
6. Particulars of the person in respect of whom advance is required.
 - (a) Name :
 - (b) Relationship with member :
 - (c) Whether wholly dependent or not :
 - (d) Please state whether name mentioned
at 6(a) above is included in the list. If not, Please state the reasons.
7. Whether advance previously availed for the :
same purpose.

Dated:

Place:

Recommended / Not Recommended

Head of Division

Applicant's signatures

(Full Name)

or Personnel Division

Certified that the information furnished at Sl. No. 1 (a and c to g) and 6 above is correct as per our records.

Signature of dealing Asstt.
(with designation)

Office
Superintendent

Personnel Manager

For Finance Division

Certified that the information furnished at S.No. 1 (g & h) are correct as per our records.

Asstt. Accountant / Accountant

Senior Accounts Officer/Senior Internal Audit Officer

उ०प्र० समाज कल्याण निर्माण निगम लि०
टी०सी०-४६४ विभूति खण्ड, गोमती नगर, लखनऊ

सी०पी०एफ० ट्रस्ट

कर्मचारी भविष्य निधि अन्तिम भुगतान सम्बन्धी आवेदन-पत्र

(यह आवेदन-पत्र सदस्य द्वारा नौकरी छोड़ने/सेवानिवृत्त होने/नौकरी से छटनी/नौकरी से अलग किये जाने आदि के समय अन्तिम भुगतान प्राप्त करने हेतु प्रयोग किया जाये।)

- 1- सदस्य का नाम (स्पष्ट अक्षरों में) :
- 2- पिता का नाम :
- 3- पद (जिस पर कार्यरत था) :
- 4- भविष्य निधि खाता संख्या : उ०प्र०/७४८६/
- 5- जनपद :
- 6- नौकरी छोड़ने की तिथि :
- 7- नौकरी छोड़ने का कारण :
- 8- पत्र व्यवहार का पूरा पता :
- 9- बचत बैंक खाता का विवरण
 - (क) खाता संख्या :
 - (ख) बैंक का नाम :
 - (ग) शाखा :
 - (घ) बैंक का पूरा पता :

प्रमाणित किया जाता है कि उपरोक्त विवरण मेरे पूर्ण ज्ञान के अनुसार सही है।

मैं घोषणा करता हूँ/करती हूँ कि मैंने भविष्य निधि राशि की अन्तिम वापसी हेतु आवेदन की तिथि से लगातार पिछले ०२ माह की अवधि में किसी ऐसी फ़ैक्ट्री/प्रतिष्ठान में जिसमें भविष्य निधि अधिनियम लागू हो, काम नहीं किया है।

सदस्य के हस्ताक्षर या बायें/दायें हाथ
का अंगूठे का निशान

टिकट लगी अन्तिम रसीद

अपने कर्मचारी भविष्य निधि खाते के निपटान पर सी०पी०एफ० ट्रस्ट से ₹ की धनराशि अपने बचत खाते में प्राप्त हुये।

₹ 1 का
रसीदी टिकट
चिपकायें