[illegible] FOR APPLICATION FOR WITHDRAWAL [illegible]
[illegible] ACCUMULATED FUNDS

SPORTS AUTHORITY OF INDIA

J.N.Stadium, Lodhi Road, New Delhi-110 003

Application for withdrawal from _____
(Here Enter, the Name of the Fund)

SN	Details	
1	Name of the Subscriber	
2	Account Number	
3	Designation (With Departmental Suffix)	
4	Pay	
5	Date of Joining Service and the date of Superannuation	
6	Balance at Credit of the Subscriber on the date of Application as below:	
	i. Closing Balance as per Statement for the year ii. Credit from _____ to _____ on Account of monthly Subscriptions iii. Refunds made to the Fund after the Closing Balance, Vide (i) above iv. Withdrawal during the period from _____ to _____ v. Net Balance at Credit on date of Application	
7	Amount of withdrawal required	
8	(a) Purpose for which the withdrawal is required (b) Rule under which the request is covered	
9	Whether any withdrawal was taken for the same purpose earlier. If so indicate the amount and the year	
10	Name of the Accounts Officer maintaining the Provident Fund Account	

Signature of Applicant

Name : _____

Designation: _____

Division/Branch: _____