FORM-19

(see sub-rule (2) of rule 34)

APPLICATION FOR PARTIAL FINAL WITHDRAWAL FROM THE GENERAL PROVIDENT FUND FOR MEETING COST OF CHRONIC ILLNESS.

(To be sent in triplicate)

1	Subscriber's name	
2	Subscriber's designation	
3	Subscriber's substantive pay and non-substantive pay, if any.	
4	Date of birth of the Subscriber. . .	
5	Date of entry into Government service.	
6	Total length of service put in by the subscriber including the broken periods of service, if any.	
7	Subscriber's General Provident Fund Account Number	
8	Object of withdrawal	
9	Rule or Rules under which the withdrawal is claimed.	
10	Whether final withdrawal has been sanctioned in the past for any of the purposes specified in Rule 27, 28, 29, 30 or 31 of the General Provident Fund Rules. (Details to be furnished).	
11	Whether any temporary advance under Rule 15 of the General Provident Fund Rules has been sanctioned and drawn and, if so whether the same has been repaid in full (date of final repayment to be mentioned.)	
12	The name of the person, whose chronic illness is being met and his/her relationship to the subscriber.	
13	Specialised type of medical treatment for which withdrawal is being sought.	
14	Amount of withdrawal applied for under Rule 34.	
15	Balance at the credit of the subscriber on this date (as verified from the account last rendered by the Accountant General and subsequent deposits and withdrawals).	

Signature of the Subscriber

I, ... hereby bind myself to use the money for the purpose for which the withdrawal is applied for in accordance with rules 34 of the Karnataka General Provident Fund Rule, 2016, as also indicated in my application, and further engage. Myself to refund forthwith any surplus that may remain unutilized for the purpose under the said rules together with interest at the prescribed rate.

Signature of the Applicant.

PROCEDURE CLAIM AND FEEDBACK FORM OF DECLARATION BY THE SUBSCRIBER

Hospital Name ……. Patient Name: ……. …… KGID No. : …….. IP Registration No.: ……., Ward availed …… DOA:…..... DOS:……DOD:…… Preauth Issue Date:……., Preauth No: ……. Preauth Amount:……,Claimed Amount: …….. Cost of Implants/Stents etc…….. Package Cost:…… Total Cost : …… details…… Bill No:…….....Bill Date: ……Bill Amount:……..

Signature of the subscriber

OFFICIAL SUPERIOR'S CERTIFICATE

I certify that I have examined the request of Sri . . . . . .and consider that The premature partial withdrawal of Rs. . . . . (Rupees . . . . . .) from the General Provident Fund Account No. . . . . of the subscriber applied for under Rule. . . . . of General Provident Fund Rules is necessary and may be sanctioned and allowed to be drawn in .. . . Instalments. Connected documents are also forwarded herewith for reference and return.

Signature and designation of the Officer.

Memo No. Dated . . . . . 20. . ,

A. Sanctioned Rs. . . . . (Rupees . . . . . .)

B. Forwarded to the Secretary to the Government of Karnataka, Finance Department, for obtaining necessary sanction.

('A' This will have to be used when the Head of the Department is himself competent to sanction the withdrawal in which case 'B' will have to be struck off).

Signature and designation of the sanctioning authority other than Government