



# SILIGURI PRIMARY SCHOOL COUNCIL

SILIGURI EDUCATIONAL DISTRICT  
63, Rash Behari Sarani, Hakimpara, Siliguri – 734001

## **APPLICATION FOR FINAL WITHDRAWAL OF PROVIDENT FUND** ***(To be submitted in Duplicate)***

***Provident Fund A/c. No. :*** \_\_\_\_\_

1. Name of the Subscriber (In Capital letters) : \_\_\_\_\_
2. Father's Name of the Subscriber : \_\_\_\_\_
3. Name of School with address, where the Subscriber held his/her last appointment : \_\_\_\_\_
4. Date of retirement /superannuation from service / death of the Subscriber : \_\_\_\_\_
5. If the Subscriber is deceased, causes for the death (i.e. accident, illness, etc.) : \_\_\_\_\_
6. In case the claimants are the nominee(s) or person(s) by succession, names and address(s) of the claimants along with relationship to the Subscriber
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
7. In case, the claimant is/are the person(s) in item (6) above, the basis for the claim (succession certificate may be furnished), in case of minors, guardianship certificate would be necessary. : \_\_\_\_\_

***Note: Items 5, 6, 7 need not be filled up when the claimant is the Subscriber himself/herself.***

Station : \_\_\_\_\_

Date : \_\_\_\_\_

Phone No. : \_\_\_\_\_

\_\_\_\_\_  
Signature of the Subscriber  
or the Claimant(s)

Witness : (1) Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
(2) Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_