

- (कर्मचारी द्वारा अपने एसएसओ आईडी से लोगिन कर एसआईपीएफ पोर्टल खोलकर निम्न प्रकार से कार्यवाही की जानी है)
- नोटः—1. एसएसओ आईडी में आधार से सम्बन्धित मोबाईल नम्बर अपडेट होना आवश्यक है।
 - यदि कार्मिक का वेतन कोष कार्यालय जयपुर सचिवालय से आहरित होता है तो राज्य बीमा ऋण एवं जीपीएफ आहरण के आवेदन ई—साईन कर सबमिट करें।





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	Withdrawal Application		🏛 Bank Details As Per Pay Manager
	Withdrawal Number :	Application Date* :	Name as per Bank* :
	Withdrawal Number	20/10/2020	SYED ZAHID HUSAIN
	Employee Id* :	Employee Name :	Bank A/C No.* :
	RJCR199612000177	SYED ZAHID HUSAIN	51041504295
	Basic Pay :	Department* :	IFSC Code* :
Select	45300	STATE INSURANCE & PROVIDENT FUND	SBIN0031026
type here	DDO*:	Office*:	Bank*:
type nere.	DD HO SIPF JAIPUR	DIR. SI & PF,JAIPUR HEAD OFFICE	STATE BANK OF INDIA
	Withdrawal Type* :	Reason for Withdrawal* :	Bank Branch* :
	-Please Select-	~	COLLECTORATE, JAIPUR
	-Please Select- TEMPORARY	Eligible Amount* :	Cancel Cheque* :
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I Withdrawal Application		🏛 Bank Details As Per Pay Manager
Withdrawal Number :	Application Date* :	Name as per Bank* :
Withdrawal Number	20/10/2020	SYED ZAHID HUSAIN
Employee Id* :	Employee Name :	Bank A/C No.* :
RJCR199612000177	SYED ZAHID HUSAIN	51041504295
Basic Pay :	Department* :	IFSC Code*:
45300	STATE INSURANCE & PROVIDENT FUND	
DDO*:	Office*:	Select Reason
DD HO SIPF JAIPUR	DIR. SI & PF, JAIPUR HEAD OFFICE	from here.
Withdrawal Type* :	Reason for Withdrawal* :	7
PERMANENT	-Please Select-	COLLECTORATE, JAIPUR
Accumalate Amount* :	-Please Select- Construction/Repair/Purchase of Building or Land /Re Marriage/Engagement of Self. Sons or Daughters	epayment of loan sought for this purpose
Accumalate Amount	Higher Education - Outside India Higher Education - Technical	le chosen
Widthdrawl According To :	Higher Education - Vocational Higher Education - Professional	etail is not correct then contact concerned
-Please Select-	Purchase of Jeep/Motor Car/Motor Cycle/Scooter	
	Purchase of Consumer durables (Refrigirator, Air Con Permanent Withdrawal one year before superannuati	ndtion, etc.,) ion
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	I Withdrawal Application			🏛 Bank Details As Per Pay Manager
	Withdrawal Number :	Application Date*:		Name as per Bank* :
	Withdrawal Number	20/10/2020		SYED ZAHID HUSAIN
	Employee Id* :	Employee Name :		Bank A/C No.* :
	RJCR199612000177	SYED ZAHID HU	USAIN	51041504295
	Basic Pay :	Department* :		IFSC Code* :
	45300	STATE INSURA	NCE & PROVIDENT FUND	SBIN0031026
	DDO*:	Office*:		Bank* :
	DD HO SIPF JAIPUR	DIR. SI & PF,JAI	IPUR HEAD OFFICE	STATE BANK OF INDIA
Select if any fix	Vithdrawal Type* :	Reason for Withdra	awal* :	Bank Branch* :
Otherwise select	PERMANENT	✓ Marriage/Engag	gement of Self, Sons or Daughters	✓ COLLECTORATE, JAIPUR
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	-Please Select- AS PER RULE FIXED AMOUNT			
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I Withdrawal Application		🟛 Bank Details As Per Pay Manager
Withdrawal Number :	Application Date* :	Name as per Bank [*] :
Withdrawal Number	20/10/2020	SYED ZAHID HUSAIN
Employee Id* :	Employee Name :	Bank A/C No.* :
RJCR199612000177	SYED ZAHID HUSAIN	51041504295
Basic Pay :	Department* :	IFSC Code* :
45300	STATE INSURANCE & PROVIDENT FUND	SBIN0031026
DDO* :	Office* :	Bank* :
DD HO SIPF JAIPUR	DIR. SI & PF, JAIPUR HEAD OFFICE	STATE BANK OF INDIA
Withdrawal Type* :	Reason for Withdrawal* :	Bank Branch* :
PERMANENT	 ✓ Marriage/Engagement of Self, Sons or Daughters 	COLLECTORATE, JAIPUR
Accumalate Amount* :	Eligible Amount* :	Cancel Cheque* :
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FIXED AMOUNT	✔ 400000	Treasury Officer.
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I Withdrawal Application		🏛 Bank Details As Per Pay Manager
Withdrawal Number :	Application Date* :	Name as per Bank* :
WD00361905	20/10/2020	SYED ZAHID HUSAIN
Employee Id* :	Employee Name :	Bank A/C No.* :
RJCR199612000177	SYED ZAHID HUSAIN	51041504295
Basic Pay :	Department* :	IFSC Code* :
45300	STATE INSURANCE & PROVIDENT FUND	S8IN0031026
DDO* :	Office* :	Bank* :
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Withdrawal Type* :	Reason for Withdrawal* :	Bank Branch* :
PERMANENT	Marriage/Engagement of Self, Sons or Dau	COLLECTORATE, JAIPUR
Accumalate Amount* :	Eligible Amount* :	Cancel Cheque* :
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Declaration		
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	Upload Old 7 Employee Id' : RJCR199612 Basic Pay :		Luplcad X Close
	45300	STATE INSURANCE & PROVIDENT FUND	SBIN0031026
		Office* :	Bank* :
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	Withdrawal Number :	Application Date* :	Name as per Bank* :
	WD00361905	20/10/2020	SYED ZAHID HUSAIN
	Employee Id* :	Employee Name :	Bank A/C No.* :
	RJCR199612000177	SYED ZAHID HUSAIN	51041504295
	Basic Pay :	Department* :	IFSC Code* :
	45300	STATE INSURANCE & PROVIDENT FUND	SBIN0031026
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	Withdrawal Type* :	Reason for Withdrawal* :	Bank Branch* :
	PERMANENT	Marriage/Engagement of Self, Sons or Dau	COLLECTORATE, JAIPUR
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	Accepted Date* :		
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