

(Retirement/Resignation/Removal/Transfer of Balance or Death cases).As per
G.O.Ms.No.261, Fin. & Plg. (FW.Pen.II) Dept.,dt.28-08-1939)

TO BE FILLED IN BY THE APPLICANT FORM FOR APPLICATION FOR
FINAL PAYMENT OF GENERAL PROVIDENT FUND BALANCE

To
The

(Through the Head of office in case of Non-Gazetted and through Head of
Department in case of Gazetted Officers)

1. Name of the Subscriber :
(In capital letters)
2. Date of Birth :
3. Designation and Office to which :
4. G.P.F. Account No. with :
departmental suffix.
5. Residential address of the claimant :
6. A copy of the latest account :
slip is enclosed.
7. i) Date of retirement :
or
ii) Date of voluntary Retirement :
or
iii) Date of Resignation :
or
iv) Date of dismissal/removal/ :
compulsory retirement/
Invalidation.
8. Particulars of Offices worked :
during the last 3 years.

Name of office	Address	Working during <u>The period</u> From To	Designation
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9. Office/Treasury at which :
Payment is desired
10. If payment is desired outside :
the place of last duty enclose
the following documents.

Contd..2

a) Personal marks of Identification :

1.

2.

b) Two Specimen signatures :

c) Left/Right hand thumb impression
(in case of illiterate claimants)

11. CERTIFICATES:

i) I have not resigned from Govt. Service to take up appointment in another Dept. of State Govt./Central Govt. or under a body, Corporate owned or controlled by the State or Central Govt.

NOTE:-

This certificate is to be furnished only by a subscriber who resigned from Govt. Service, if resigned to take up appointment elsewhere the information regarding transfer of balance may be given in the form prescribed in the Annexure.

ii) I hereby undertake that no appeal shall be preferred by me against my dismissal/removal/Compulsory retirement/Invalidation).

iii) I hereby undertake to refund any excess payment arising out of clerical error in the statement of G.P.F. claim.

12. In case of death the following particulars are may be furnished.

a) Date of death.
(Copy of death certificate to be enclosed).

b) Religion of deceased Govt. Servant.

c) Details of the surviving members of the family on date of death of the subscriber are furnished below.

Sl. No.	Name	Relationship with the Subscriber	Date of birth	Marital status as on the date of death Of the subscriber.

Place :

Signature of the
Subscriber/Claimant

Dated:

FOR THE USE OF THE HEAD OF THE OFFICE HEAD OF THE DEPARTMENT.

The final withdrawal application is forwarded to the Accountant General, A.P. Hyderabad for authorizing the balance.

13. Certified that all the particulars furnished above have been verified with reference to office records and are found correct.

14. The last fund deduction was made from his/her pay for the month of _____
_____vide this office Bill No. _____ dated _____ for
Rs. _____ (Rupees _____ only) Cash
voucher No. _____ G.P.F subscription being Rs. _____ and recovery
on account subscription being Rs _____.

15. Details of GPF deduction made from the subscriber's salary during the last 12 months immediately proceeding the date of retirement (the proforma appended to G.O.Ms.No.216, dt.4-6-1986 are enclosed.)

16. Certified that he/she was neither sanctioned any temporary advance nor any part-final withdrawal from his/her provident Fund account during the 12 months, immediately proceeding on leave preparatory to retirement or thereafter.

OR

17. Certified that the following temporary advance, part-final withdrawals were sanctioned to him/her and drawn from his/her quitting service/proceedings on leave preparatory to retirement or thereafter.

Amount of Advance	Date	Voucher No.
Part final withdrawal.		

18. Certified that no amount was withdraw following amounts were withdrawn from his/her provident Fund Account during the 12 months immediately proceeding the date of his/her quitting service/proceeding on leave preparatory to retirement or thereafter for payment of insurance premiere for the purchase of anew policy.

1. Policy No. & Name of Insurance Company :
2. Sum Assured :
3. Particulars of premium paid from GPF.

Yours faithfully,

Signature with date &
Designation with postal Station:
Address:

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TRANSFER OF BALANCE:

In case of absorption in other department, other state Govt. public sector undertakings furnish the following information.

- i) Date of absorption :
- ii) In absorption on permanent basis:
- iii) Is absorption without banks in service :
- iv) In case of break on limited to joining time : allowed on transfer.
- v) Is the absorption with the approval of state Govt. :
- vi) Accounts officer to whom the balance is : is to be transferred & the GPF Account No.

NO DEMAND CERTIFICATE

Certified that no Government dues towards the following items are recoverable from Sri _____ Design. _____ Office of the _____ has been retired on pension from _____.

- 1. House Building loan with interest.
- 2. Motor car, Cycle Loan.
- 3. Advance Leave Salary.
- 4. Advance Salary on transfer.
- 5. Other Government dues.
- 6. Electric Department fees etc.
- 7. House Rent or any other Deptl. All dues.
- 8. Mint and workshop charge.
- 9. Telephone Departmental fees.
- 10. Motor Card am era hire for cards etc.
- 11. Miscellaneous.

Signature & Designation of the Certifying Officer.

:: DISCHARGE CERTIFICATE::

Sri _____ was retired from the /Service as (Design.) _____ office of the _____ on the F.N/A.N of the _____ and that he has been paid by allowance due to him up the date and that no Government dues are recovered from him.

Dt.

Signature & Designation of the Certifying Officer.