

APPENDIX - H <Under Rule 31(3)> (New Online Adjustment)

**FORM OF APPLICATION FOR
FINAL PAYMENT OF GENERAL PROVIDENT FUND BALANCE
(RETIREMENT/ RESIGNATION/ REMOVAL/ TRANSFER OF BALANCE OR DEATH CASE)
(TO BE FILLED IN BY THE APPLICANT)**

To _____
The _____

(Through the Head of the Office in case of Non-Gazetted/ through
the Head of the Department in case of Gazetted Officer)

01. Name Of The Subscriber :
(In Capital Letters)

02. Date Of Birth :

DD	MM	YYYY

03. Designation

Office In Which Worked/ Working
(Full Address)

04. GPF Account Number With
Departmental Suffix

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Bank Account Number (In which Payment desired)

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Bank/ Branch Name (In which Payment desired)

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05. Residential Address Of The
Claimant (Full Details With
Pin Code) :

06. Copy Of Latest Account Slip
Enclosed (Yes/ No) :

07. Date Of Retirement/
Resignation/ Voluntary Retirement/
Dismissal/ Removal/
Compulsory Retirement/
Invalidation :

DD	MM	YYYY

Strike-off which is not applicable

08. Particulars Of Office Worked During Last 3 Years

Name Of the Office and Address	Period Worked		Post (Designation) held
	From	To	

(PTO)

11. Certificates:

i. I have not resigned from Government service to take up appointment in another department of State Government/ Central Government or under a Body Corporate owned or controlled by the State/ Central Government.

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.

Note: This certificate is to be furnished only in case of dismissal/ removal/ compulsory retirement/ invalidation

iii. I hereby undertake to refund any excess payment arising out of clerical error in the settlement of GPF claim.

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

- a. Date Of Death
- b. Religion Of Deceased Govt. Servant
- c. Details of the surviving member of the family on the 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 subscriber

Place:

Dated:

Signature Of The Subscriber/
Claimant

(PTO)

P # 3

FOR THE USE OF HEAD OF THE OFFICE/
HEAD OF THE DEPARTMENT

The final withdrawal application is forwarded to the _____
_____ for authorising 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. _____ cash voucher NO. _____ of _____ Treasury, the amount of deduction towards GPF subscription being Rs. _____ and recovery on account of refund of advance Rs. _____.
15. Details of GPF deduction made from the subscriber's salary during the last 12 months immediately preceding the date of retirement (in the proforma appended to GOMS No.216, dated 04.06.1986) are enclosed.
16. Certified that he/ she was neither sanctioned any temporary advances nor any part-final withdrawal from his/ her provident fund account during the 12 months immediately preceding the date of his/ her quitting service/ proceeding on leave preparatory to retirement or thereafter. (or)
17. Certified that the following temporary advance/ part-final withdrawals were sanctioned to him/ her provident fund account during the 12 months immediately preceding the date of his/ her quitting service/ proceeding on leave preparatory to retirement or thereafter.

Amount of Advance/ PartFinal Withdrawal	Proceedings No. and Date	DD/ Cheque No. and Date

18. Certified that no amount was withdrawn/ the following amounts were withdrawn from his/ her provident fund account during the 12 months immediately preceding the date of his/ her quitting service/ proceeding on leave preparatory to retirement or thereafter for payment of insurance premia or for the purchase of a new policy.

1. Policy Number & Name Of The Insurance Company :
2. Sum Assured :
3. Particulars of Premia Paid From GPF :

Station:

Yours faithfully,

D a t e:

(Signature)
With Date & Designation With
Postal Address

(PTO)

P # 4

A N N E X U R E

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. Is absorption on permanent basis? :
- iii. Is absorption without breaks in service?
- iv. In case of break in service whether it is limited to joining time allowed on transfer? :
- v. Is the absorption with the approval of State Government?
- vi. Accounts Officer to whom the balance is to be transferred and the new GPF Account Number allotted by him.

Signature of the
Head of Office/ Department
With seal

<http://www.chittoor.ap.gov.in/zpctr>

ANNEXURE - I

Instructions 4 (7) under Treasury Rule 17 bills for withdrawal from Provident Fund

Annexure _____ District _____ Voucher No. _____

Sub-Account No.

Of State Provident Fund

Provident Fund

Provident of

For the month of

in the office of the

Bills for

from the

Withdrawing Advance

Other Irregularities

Name & Designation of Subscriber	Pay (Rs.)	ZPPF Account Number	No. of date of sanction of letter authority	Nature of withdrawal		REMARKS
				Final Payment Acquittance	Advance other	

FOR SUBSCRIBER'S USE ONLY

RECEIVED CONTENTS THROUGH MY BANK ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--

OF _____ BANK.

Affix & sign on
Re.1/-
Revenue
Stamp

PARTICULARS OF THE AMOUNT REFUNDED

Sl.No	Name and Designation of the subscriber	Account No.	Particulars of amount drawn	Amount now refunded

Rs.
 Net amount required
 For payment
 Rs.

Signature of the Drawing Officer &
 Designation

Station :

Please Pay Rs. _____

Date :

CONTENTS RECEIVED

1. Certified that I have satisfied myself all some including (Form 40-A) drawn one month/ two months/three months provision, to this date in favour of member Account No. with the expected of those detailed of which the Total has been refunded by deduction in this Form have been disbursed to the proper places and that acquittance have been taken and filed in my office with receipts stamps duly cancelled for every payments in cast of Rs.20/-
2. CERTIFIED that the balance asked from the bill is required to meet yearly premium due on the respect of Policy No. with the company limited in Policy No. detailed below and that he policy/policies in position has been assigned to the Government of Andhra Pradesh and in the custody of the Z.P. for the policy/ policies proposed to be taken has been communicated to the accepted by the Zilla Parsishad.

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RECEIPT ()**
(for the use of claimant)

RECEIVED Govt.Cheque/ Demand Draft Bearing No. _____, dated
_____ for Rs. _____ (Rs. _____
_____) issued in my favour on State Bank of
India, _____ being the Final Settlement amount
from my Account Number _____ sanctioned vide Proceedings
Rc.No. _____ Dated _____ of the _____.

Witness:
Signature:
FullAddress:

Signature:
Name:
Address:

RECEIPT ()**
(for the use of claimant)

RECEIVED the contents through my Bank Account
No. _____ of
_____ bank being the final settlement
amount from my Account No. _____ sanctioned vide
Proceedings Rc.No. _____, Dated
_____ of the _____.

Witness:
Signature:
FullAddress:

Signature:
Name:
Address:

() Strike-off which is not applicable**