Applications

Form to be used by Head of Office for Final Payment/transfer of balances in the General/Contributory Provident Fund Account to Autonomous Bodies/Other Governments - $\underline{Form\ 1.}$

Form of application for final payment of balance in the Provident Fund Account on death of a Subscriber - <u>Form 2.</u>

Nomination Form for General Provident Fund

Form-2

Form of application for Final Payment of Balances in the Provident Fund Account of a SUBSCRIBER to be used by the nominees or any other claimants where no nomination subsists

То			
	The Accountant Gene	ral,	
	(Through the Head of	Office)	
Sir,			
_	ons in the	s may kindly be made to Providento. The necessary parts	t Fund Account of
connection	are given below		
1.	Name of the Govern	ment servant	· · · · · · · · · · · · · · · · · · ·
2.	Date of birth		
3.	Post held by the Gov	vernment servant	
4.	Date of death		
5.	Proof of death in municipal authorities	the form of a death cees, etc, if available	ertificate issued by the
6.	Provident Fund Acco	ount No. allotted to the su	ıbscriber
7.		t Fund money standing to e of his death, if known	the credit of the
8.	Details of the nomin a nomination subsist	ees alive on the date of does:	eath of the subscriber, if
	Name of the	Relationship with	Share of the
	Nominee	the subscriber	nominee
	1.		
	2.		
	2		

···· ,		is in favour of a person other if the subscriber subsequently	
	Name	Relationship with the Subscriber	_
	1		
	2		
_	3		
	the family on the daughter or of a dau before the death of t	on subsists, the details of the date of death of the subscringhter of a deceased son of the subscriber, it should be stend was alive on the date of death Relationship with The subscriber	ber. In the case of a e subscriber, married ated against her name ath of the subscriber:
	1		_
_	2		_
_	3		
	subscriber) is not a l	ant due to a minor child who Hindu, the claim should be su hip certificate, as the case may	ipported by Indemnity
		•	·
	names of persons to	as left no family and no not whom the Provident Fund m of probate or succession certi-	oney is payable (to be

	3						
13. 14.	Religion of the claimant(s) The payment is desired through the office of/through theTreasury /Sub- Treasury. In this connection the following documents duly attested by a Gazetted Officer in service/Magistrate are attached:-						
	(1) (2)	Personal marks of identification Left/Right hand thumb or finger impressions (in the case of illiterate claimants					
	(3)	Specimen signature in duplicate (in the case of literate claimants)					
		Yours faithfully,					
Station Dated		(Signature of claimant) (Full name & address) USE OF HEAD OF OFFICE/DEPARTMENT)					
The particute 2 Shri/shrims	ulars fu The ati/kum	to the Accountant Generalfor necessary action. rnished above have been duly verified. Provident Fund Account No of ari(as verified from the annual statements					
furnished t 3	He/S Mun there	he died on A death certificate issued by the cipal authorities has been produced/ is not required in this case as is no doubt about his/her death. last fund deduction was made from his/her pay for the month drawn in this office Bill No, dated					
		for Rs (Rupees)					

	Cash voucher No	of Tr	reasury, the amount of
	deduction being Rs	and recovery, on	account of refund of
	advance of Rs.	·	
5	Certified that he/she was ne	_	
	any final withdrawal from		•
	12 months immediately pre	eceding the date of his	/her death.
	Or		
Certified	that the following temporary a	advances/final withdra	awals were sanctioned
to him/her	and drawn from his/her Prov	vident Fund Account	during the 12 months
immediate	ly preceding the date of his /h	er death.	
	. 0 1	D . 1.1	** 1
Amo	ount of advances /	Date and place	
	Withdrawals	of encashment	Number
	1		
	1 2		
	<i>L</i>		
6	***		
7	It is certified that no deman	nd of Government is /	are due for recovery.
8	Certified that no advance/for	ollowing advance sand	ctioned in terms of the
	Ministry of Finance, Office	•	
	dated the Ist November, 19		` ' '
		_	

(Signature of the Head of office/ Department)

APPENDIX -D

FORMS

1

Form of Application for Final Payment/Transfer to Corporate Bodies/Other Governments of Balances in the Provident Fund Account

To
The Accountant-General,
(Through the Head of Office)
Sir,
I am to retire/have retired/have proceeded on leave preparatory to retire ment for months/have been discharged/dismissed/have been permanently transferred to have resigned finally from Government service/have resigned service under Government to take up appointment with and my resignation has been accepted with effect from forenoon/afternoon. I joined service with forenoon/afternoon.
2. My Provident Fund Account No. is
3. I desire to receive payment through my office/through the Treasury/Sub-Treasury. Particulars of my personal marks of identification left hand thumb and finger impressions (in the case of illiterate subscribers) and specimen signature (in the case of literate subscribers) in duplicate, duly attested by a Gazetted Officer of the Government, are enclosed.
PART I
[To be filled in when the application for final payment is submitted up to one year prior to retirement]
4. I request that the amount of Rs. standing to the credit in my Provident Fund Account as indicated in the Accounts Statement issued to me for the year (enclosed)/as appearing in my ledger account being maintained by you Treasury/Sub-Treasury/Head of Office, may please be arranged to be paid to me as first instalment of final payment.

6. After payment of the first instalment	ent of my Provident Fund balance, I
apply for the payment of subsequent	t instalments in Part-II of the Form
immediately on retirement.	

	Yours faithfully
	Signature
Station	Name
Date	Address
This applies only when payment Office.	is not desired through the Head of
(FOR USE BY HEA	DS OF OFFICES)
Forwarded to the Accountant-Generaction.	ral for necessary
2. The Provident Fund Account certified from the Statements furnished	No. of Shri/Shrimathi/Kumari (as d to him/her from year to year) is
3. He/She is due to retire from Gove	ernment service on
4. Certified that he/she had taken which instalment of Rs. credited to the Fund Account. The detail him/her are also indicated below—	the following advances in respect of are yet to be recovered and ls of the final withdrawals granted to
Temporary advances	Final withdrawals
1.	
2	
3.	pro-
4.	

5. ***

PART II

[To be submitted by the Subscriber immediately after his retirement. This Part is also applicable in the case of subscribers who apply for final payment for the first time after the date of superannuation, discharge, resignation, etc.]

In continuation of my earlier application, dated ______, for the final payment of Provident Fund balances, I request that the entire balance at my credit with interest due under the rules may be paid to me.

Or

I request that the entire amount at my credit with interest due under the rules may be paid to me/transferred to

Name Address

(FOR USE BY HEADS OF OFFICES)

Forwarded to the Accountant-General for necessary action/in continuation of Endorsement No. , dated

- 2. He/She has finally retired/will proceed on leave preparatory to retirement for ______ months/has been discharged/dismissed/has been permanently transferred to _____ /has resigned finally from Government service/has resigned service under _____ Government to take up appointment with _____ and his/her resignation has been accepted with effect from _____ forenoon/afternoon. He joined service with _____ on ____ forenoon/afternoon.
- 3. The last fund deduction was made from his/her pay in this Office Bill
 No. , dated , for Rs. (Rupees
), cash voucher No. of Treasury,
 the amount of deduction being Rs. and recovery on account of
 refund of advance Rs.
- 4. Certified that he/she was neither sanctioned any temporary advance nor any final withdrawal from his/her Provident Fund Account during the 12 months immediately preceding the date of his/her quitting service under Government/proceeding on leave preparatory to retirement or thereafter.

Or

Certified that the following temporary advances/final withdrawals were sanctioned to him/her and drawn from his/her Provident Fund Account during

FORMS

the 12 months	Government/proceeding on leave preparatory to
retirement or the	•

Amount of advance/withdrawal	Date	Voucher number
1.		-4.
2.		
3		

5. *******

- ¹6. It is certified that no demands/following demands of Government are due for recovery.
- ²7. Certified that he/she has not resigned from Government service with prior permission of the Central Government to take up an appointment in another Department of the Central Government or under a State Government or under a body corporate owned or controlled by the State.

(Signature of Head of Office/ Department)

Nomination Form for General Provident Fund

[Rule 5 of General Provident Fund (Central Services) Rules, 1960]

l,	, hereby nominate the person/persons mentioned
below and confer on him/her/them the right to receive ir	n the event of my death, to the extent specified below,
amount on account of the following:	

- i. any gratuity the payment of which may be authorised under rule 44 and Rule 45 of CCS (Pension) Rules
- ii. amount that may stand to my credit in the General Provident Fund
- iii. any amount that may be sanctioned by the Central Government under the Central Government

 Employees Group Insurance Scheme, 1980

Name,	Relationship	Share	If nominee is	Name, DOB,	Share	Name, DOB	Contingency
date of	with	to be	minor,	relationship and	to be	and address	on
birth	employee/	paid to	name, DOB	address of	paid	of person	happening
(DOB) and	pensioner	each	and address	alternate	to	who may	of which
address of			of person	nominee in case	each	receive the	nomination
the			who may	the nominee		amount if	shall
nominee			receive the	under Column (1)		alternate	become
			amount on	predeceases the		nominee in	invalid
			behalf of	employee		Col. (5) is a	
			minor			minor	
1	2	3	4	5	6	7	8
1	_]	7	3	0	,	0

11	nese nominations	CLINGICADO 2NV	nominations	made hy m	a aarliar
	iese nominations	SUDCISCUE ally	HOHIHAUOHS	IIIauc DV III	e carner.

Place and date:	Signature of Government servant
	Mobile No.

GPF No

Note 1: Completely strike out the benefits for which nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits (i), (ii) and (iii) above

Note 2: The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed.

Note 3: The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.

(To be filled in by the Head of Office/authorised Gazetted Officer)

Received the nominations, dated, under the following Rules :—
1. Central Civil Services (Pension) Rules, 2021 for Gratuity
2. General Provident Fund (Central Services) Rules, 1960
3. Central Government Employees Group Insurance Scheme, 1980
made by Shri/Smt./Kumari
Designation
Office
(Strike out which nomination is not received)
Verified that the nomination(s) made by the Government servant is/are in accordance with the provisions of the relevant rules. Entry of receipt of nomination(s) has been made in pageVolumeof Service Book.
Name, Signature and Designation of Head of Office/authorised Gazetted Officer with seal
Date of receipt
The receiving officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the

The receiving officer shall put his/her dated signature on both pages of this Form.

beneficiaries in the event of his/her death.