

FORM OF APPLICATION FOR FINAL PAYMENT OF Z.P.P.F. BALANCE
 (Retirement/Resignation/Removal/Transfer of balance of deathcases/IDT)
TO BE FILLED IN BY THE APPLICANT

To
 The Chief Executive Officer,
 Zilla Parishad, Guntur.

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

1. Name of the subscriber ::
 (IN CAPITAL LETTERS)
2. Date of Birth ::
3. Designation and office to which
 attached. ::

4. (a) Bank A/C.No. ::

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

(Xerox copy of Bank Pass Book should be enclosed)

(b) Bank/Branch Name & Code No. ::

--

5. Z.P.P.F.Account No. with
 Departmental suffix ::

4. Residential address of the client ::

5. Copy of the latest Account slip
 Is enclosed. :: YES/NO

8. i) Date of Retirement ::
 Or
 ii) Date of resignation ::
 or
 iii) Date of voluntary retirement ::
 or
 iv) Date of dismissal/removal/compu-
 lsory retirement/invalidation. ::

9. Particulars of offices worked during the last 3 years:

Name of the Office	Address	Working during the period		Designation	Remarks
		From	To		

10. Office/Treasury at which payment is desired ::

11. If payment is desired outside the place of last
Duty enclose the following documents. ::

a) Personal marks of identification ::

b) Two specimen signatures ::

c) Left/right hand thumb impression ::
(in case of illiterate clients)

12. CERTIFICATES:

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

NOTE: This certificate is to be furnished only by subscriber who resigned from Government service. If resigned to take up a appointment elsewhere May be given in the form prescribed in the annexure.

ii. I hereby undertake that no appeal shall be prepared by me against my dismissal/removal/compulsory retirement/Invalidation.
(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 electrical error in the settlement of G.P.F.Claim.

13. In case of death the following particulars may be furnished.

A) Date of death ::

(Copy of death certificate to be enclosed)

B) Religion of deceased Government servant:

C) Details of the surviving members of the family on the Date of death of the subscriber are furnished below:-

S.No.	Name	Relation With the Subscriber	Date of Birth	Marital status as on the date of death of the subscriber.
-------	------	------------------------------	---------------	---

Place::

Signature of the subscriber/Client

Date::

For the use of Head of the Office/Head of the Department.

The Final withdrawal application is forwarded to the Accountant General, Andhra Prade, Hyderabad for authorizing the balance.

14. Certificate that all the particulars furnished above have been verified with Reference to office records and are found correct.

15. 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. and recovery on account of refund of Advance.

16. Details of G.P.F. deduction was made from the subscribers the salary during The last 12 months immediately proceeding the date of retirement(in the Proformaappended to G.O.Ms.No.216, dated:4.6.1986) are enclosed.

17. Certified that the 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 the date of his/her quitting service/procee-Ding on leave preparatory to retirement or thereafter.

OR

18. Certified that the following temporary advance part-final withdrawals were Sanctioned to him/her and drawn from his/her P.F. account during the 12 Months immediately proceedings the date of his/her quitting service/procee-Ding on leave preparatoryt to retirement or thereafter.

Amount of advance/ Part-final withdrawal	Date	Voucher No.
---	------	-------------

Certified that no amount was withdrawn/the 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 premia of for the purchase of a new policy.

1. Policy No. and name of Insurance company.
2. Sum assured.
3. Particulars of premia pai9d from G.P.F.

Station:

Yours faithfully,

(Signature)

With date and designation
with Postal address.

ANNEXURE

Transfer of Balance::

In case of absorption in other Departments/Other State Governments/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 G.P.F Account No. allotted by him. ::

FORM – 40A

(See instruction 4 (i) to (iii) under treasury Rules 17)

District : GUNTUR
 Voucher No :
 Sub Account No :
 State Provident Fund :
 Provident Fund :

Bill for withdrawing Final payment/ advance for the provident fund of

Sri/Smt

For the month of _____ in the Office.

1. Name & Designation of the Subscriber ::
2. Pay ::
3. No. & Date of sanction of Letter of Authority. ::
4. Nature of withdrawn ::
 - a) Final Payment :: Rs.
 - b) Advance :: Rs.
 - c) Other :: Rs.
5. Acqittance ::
6. Remarks ::

S.No.	Name of the subscriber And Designation	Fund Amount	particulars of amount drawn	Amount refer
-------	---	----------------	--------------------------------	-----------------

Station:
 Date :

Signature of the drawing
 Officer & Designation.

Please pay to

Signature of the messenger.

1. Certified that I have satisfy myself sums included in bills (Form 40-A) drawn One/two/three months previous to this date in favour of member accounts No. _____ with the exception of these detailed (of which the total has been refunded by deduction in this form) have been disbursed to the proper persons and that acquittance have taken and filed in my office with receipt stamps duly cancelled for every payment.
2. Certified that the balance in the funds at the credit of Sri _____ of the date of withdrawn covers the sum in this bill.
3. Certified that the amount asked from the bill as required to meet the yearly premium due on in respect of policy No. _____ with the company limited _____ in policy/policies in question has been assigned to the Government of A.P. and in the custody of the ZPP for the detailes, of the policy/policies proposed to be taken has been communicated to and accepted by the Zilla Parishad.

S.No.	Name of the Fund	Subscriber Account No.	No. of policy	Name of the Company	Due date of premium	stock No.
-------	------------------	------------------------	---------------	---------------------	---------------------	-----------

6. Certified that in respect of withdrawals made in bill (Form-10A) one/two/three months previous to the dates towards a payment of insurance premium the original premia receipt have been within one month of the date of withdrawals forwarded to the ZPP for duty produced to me for with the receipt and that necessary and orsement have been made on the receipt to that effect that the abetment of income tax is admissible.
7. Certified that the member of policies from the GPF Dues not exceed fours the number of policies financed from the GPF exceeded four as these were accepted prior to 16.8.98.

Pay Rs.

Signature of Drawing Officer,
And Designation.

District Audit Officer,
State Audit.

<http://teacher-info.blogspot.com>