

FORM (A)

FORM OF (FOR GAZETTED OFFICERS)

FORM OF APPLICATION FOR FINAL PAYMENT/TRANSFER TO BODIES CCRPO-  
RATE/OTHER GOVERNMENTS OF BALANCE IN THE GENERAL PROVI-  
DENT FUND ACCOUNT.

To

The ~~Secretary~~, *Director, NPL*  
(Council of Scientific and Industrial Research)  
~~Rafique Marg~~, *Dr. K.S. Krishnan Road,*  
New Delhi - 110 0012.

{{Through....(The Head of Office/Department)}}

Sir,

1. I am due to retire/have retired/have proceeded on leave preparatory to retirement 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 have been accepted with effect from \_\_\_\_\_ forenoon/afternoon. I joined service with \_\_\_\_\_ on \_\_\_\_\_ forenoon/afternoon.

2. I request that the entire amount at my credit with interest due under the rules may be paid to me through \_\_\_\_\_ Treasury/Sub-Treasury/may be transferred to \_\_\_\_\_ My Provident Fund Account No. is \_\_\_\_\_.

3. A sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) was last deducted as Provident Fund Subscription and recovery on account of refund of advance from my pay bill for the month of \_\_\_\_\_ for Rs. \_\_\_\_\_ encashed on \_\_\_\_\_ at \_\_\_\_\_ Treasury/Sub-Treasury.

4. My specimen signature, induplicate, duly attested by another Gazetted Officer is enclosed.

5. I certify that I have neither drawn any temporary advance nor made any final withdrawal from my Provident Fund account during the 12 months immediately proceeding the date of my quitting service under \_\_\_\_\_ Government/Proceeding on leave preparatory to retirement on thereafter.

OR

Details of the temporary advances drawn by me/final withdrawals made by me from my Provident Fund Account during the 12 months immediately proceeding the date of my quitting service under \_\_\_\_\_ Government/proceeding on leave preparatory to retirement or thereafter are given below:

	Amount of advance -----	Date ----
1.		
2.		

6. I hereby certify that no amount was withdrawn/the following amounts were withdrawn by me from my Provident fund Account during the 12 months immediately proceeding the date of my quitting service under \_\_\_\_\_ Government/proceeding on leave preparatory to retirement or thereafter for payment of Insurance Premia or for the purpose of a new policy.

	Amount of advance -----	Date ----
1.		
2.		

7. The particulars of the Life Insurance Policies financed by me from the Provident Fund which are to be released by you are given below:

	Policy No. -----	Name of the Co. -----	Sum assured -----
1.			
2.			
3.			
4.			

Yours faithfully

Station \_\_\_\_\_

(SIGNATURE)

Name & Address \_\_\_\_\_

Date: \_\_\_\_\_

Para 4 applies only when payment is desired at a treasury other than the one at the District Headquarters where the subscriber last served. Otherwise it may be struck out.

It is certified after due verification with reference to the records in my office, that no temporary advance/final withdrawal was sanctioned to the applicant from his/her provident fund account during the 12 months immediately proceeding the date of his/her quitting service under \_\_\_\_\_ Government/proceeding on leave preparatory to retirement or thereafter.

OR

2. It is certified that after due verification with reference to the records in my office, that the following temporary advances/final withdrawals were sanctioned to and drawn by the applicant from his/her provident fund account during the 12 months immediately proceeding the date of his/her quitting service under \_\_\_\_\_ Government/proceeding on leave preparatory to retirement or thereafter.

Amount of advance/withdrawal - -----	Date -----	Voucher No. -----
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1.

2.

\*3. It is certified that no demand of Government are due for recovery. following demands.

4. 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 corporated owned or controlled by the State.

(D. D. O),  
(Signature of the Head Office/  
Department)

N.P.L., NEW DELHI-12.

\*Certificate No.3 to be furnished in the case of Contributory Provident Fund only.

@ Please score out if not necessary