

Application For Final Closure of General Provident Fund Account

(Please ensure that all the relevant Particulars are given with certificates where necessary to avoid delay in settlement of claim)

1. Name of the Subscriber
(in BLOCK LETTERS) :
2. Designation :
3. General Provident Fund account
Number with Departmental Suffix :
4. Date of birth :
5. Office to which attached :
6. Residential Address after retirement :
7. EVENT NECESSITATING
CLOSURE OF ACCOUNT :
- A. Retirement Date :
- B. Resignation / Voluntary retirement
Date (attach a copy of the orders) :
- C. Dismissal / Removal / Compulsory
Retirement / Invalidation date :
- i) Have you preferred an appeal :
- ii) If yes, date of its disposal / withdrawal :
- iii) If No, date of expiry of appeal time :
- iv) If no appeal has been preferred give an
undertaking that no appeal will be
preferred in future :

I hereby undertake that no appeal shall be Preferred by me against my dismissal / removal/ Compulsory retirement / invalidation (cancel whichever is not applicable).

7(D). Death - Date :

i) Has the subscriber filed any nomination (If yes, enclose nomination in original) :

ii) If No or if the nomination has been rendered full and void who are the surviving family members on the date of death of the subscriber (Enclose a Legal Heirship Certificate) :

Name	Relationship with The subscriber	Age	Marital Status

i) Did the nominee die after the subscriber but before receiving payment (vide note 3 under rule 30(ii)) :

ii) If there is no nomination and if the subscriber has left no family to whom should the money be paid ? :

(Enclose letters of probate or succession Certificate)

7 (E). TRANSFER OF BALANCE :

i) Date of absorption :

ii) Is absorption on permanent basis? :

iii) Is absorption without break in service? :

iv) If No. to (iii) Is break limited to the joining time allowed on transfer :

v) Is the absorption with the approval of State Government :

vi) Account officer to whom the balance is to be transferred :

8. Details of Insurance policy financed from General Provident Fund

Stock Number	Policy No.	Sum Assured	Amount of premium	Date of payment	Date of maturity	Name of Insurance Co.

9. Names and address of offices served during the last 3 years:

Name of the Office	Address	Period of Service	Designation

10. Particulars of Last Fund Deduction:

Pay for month	G.P.F. Subscription	Recovery Refund	Gross Amount of bill	Net Amount Of bills	Date of Encashment	Place of Payment	Head of Account	Voucher No

11. Details of Advances / withdrawals in the last 12 months period to stoppage of subscription to General Fund.

Nature withdrawal Amount Date and place of Vr, No :

Temporary Advance :

Part Final withdrawal :

Life Insurance Policy :

12. Religion of the Subscriber :
13. Office / Treasury / Sub-Treasury which GPF payment is desired :
14. If you are a self drawing officer or you desire payment outside the place of last duty, enclose the following :
- (i) Personal Marks of Identification :
- (ii) Speciman signature or left / right hand thumb and fingers impression :
15. I hereby undertake to refund any excess payment arising out of clerical errors in the Settlement of G.P.F. claims

Station:

Signature of the
Claimant

Date:

(with Name in BLOCK LETTERS)

For USE BY HEAD OFFICE / DEPARTMENT certified that all the particulars furnished above have been fully verified with reference to office records and are found correct.

Certified that no advance / withdrawal from General Provident Funds was granted during the last 12 months except those detailed in item (11) above.

Station:

Signature of Head of Office /

Date:

Head of Department