#### **APPENDIX-H**

Not:- Forms [A], [B] & [C] have been deleted and a revise common of application has been issued by the following Government Orders.

[ G.O.Ms.No. Fin & Pkag (FW,Peb.II) Dated 02-08-1989)

# FORM OF APPLICATION FOR FINAL PAYMENT OF GENERAL PROVIDENT FUND BALANCE

(Retirement / Transfer of Balance / Death / Resignation / Removal)

### TO BE FILLED IN BY THE APPLICANT

The Chief Executive Officer,
Zilla Praja Parishad,
Anantapur.

Name of the Subscriber

Worked while retirement

1.

9.

[Through the of Office in case of Non-Gazette and through Head of the Department case of Gazette Officer.]

	(in CAPITAL LETTERS)		
2.	Date of Birth	:	
3.	Designation and Office to which attached		*. *** *** *** ***
4.	Z.P.P.F. Account No. with departmental suffix.	:	
5.	Residential address of the claimant.		
6.	Copy of the latest Account Slip is enclosed.	:	
7.	Date of Retirement	:	
	<ul> <li>a) Attested copy of concerned should be enclosed.</li> </ul>		
	b) Date of Transfer	:	
	c) Date of voluntary retirement	:	
	d) Date of death	:	
	e) Date of dismissal/revival	:	
	f) Compulsory / Retirement/	:	
	h) Invalidation	: .	
8.	Particulars of office	:	

Must be filled.

9. Particulars of places worked during last five years.

	Name of the	Places in	Working during the period		Designation
	which worked	which worked	From	То	
1.					•
2.					
3.			÷		
4.					
5.					

10.	S.B.I. where payment is desired	:
	If payment is desired outside the place of last duty enclose the following documents	:
a.	Personal Marks of identifications	: 1)
		2)
b.	Two specimen Signature of the Candidate	: 1)
		2)
c.	Left / Right hand thumb impression in case of illiterate claimants.	:

Signature of the Drawing Officer with seal.

#### **CERTIFICATES:**

- [1] I have not resigned from Government Service to takeup appointment in another Department of State Government / Central Government of under a Body Corporate owned or controlled by the State Central Government.
- 2. NOTE:This Certificate is to be furnished only by a subscriber who resigned from Government Service in resigned to takeup appointment els where, the information regarding transfer of balance may be given in the from prescribed in the annexure.
  - I hereby undertake tha no appeal shall be preferred by me against my dismissed revival / Compulsory retirement / Invalidation.

In case of death the following particulars may furnished.

- A. Date of Death.
- B. Religion of deceased Government Servant.
- C. Details surviving member of the family on the date of death of the subscriber are furnished below.

S1. No	Name	Relationship with the subscriber	Date of Birth	Martial Status as on the date of death of the subscriber
1	2	3	4 %	5

Signature of the Drawing Officer with seal

Signature of the Subscriber

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

- 12. The final withdrawal application is forwarded to the C.E.O. Z.P. Anantapur.
- 13. Certified taht all the particulars furnished above have been verified with reference to Office records and are found correct.

14.	The last sub	scription Rs.	(Rupe	es	
			m His / Her salary month and year of	for the	month and year of through treasury
	token No.	pala iii iiie dt	for total recovery	amount F	
	Rupees				of the institution.

- 15. Details of G.P.F. Deduction made from the subscribers salary during the last 12 months immediately proceedings the date of retirement in the preforms appended to G.O.Ms.No. 216, dated 4/06/1986 are herewith enclosed.
- 16. Certified that he/she was neither sanctioned any temporary advance not any part final withdrawals from his her provident found account during the 12 months immediately proceedings the date of his / her quitting service / proceedings on leave preparatory of retirement or there after or.
- 17. Certified that the following temporary advance part-final withdrawals were sanctioned to him / her and draw from his / her provident fund account during 12 months immediately proceedings the date of his / her auditing service proceedings of leave preparatory to returned or there after.

Amount of Advance Part Final withdrawal	Date	Voucher No.
1.		
2.		
3.		
4.		

- 18. Certified that no amount was withdrawn / the following amounts withdrawn from his / her provident fund account during the 12 months immediately proceedings the date of his / her auditing service / proceedings on leave preparatory to retirement or there after for payment of insurance premia or the purchase of a new policy.
- 1. Policy No. and Name of Insurance Company

Sum Assured.

Particulars of premia paid from G.P.F.

Yours faithfully,

Signature of the Drawing Officer, with Seal

Signature of the Applicant

#### **ANNEXURE**

#### TRANSFER OF BALANCE (Should be filled)

In case of absorption in other Departments / Other State Public Service undertakings furnish the following information

- I. Date of absorption.
- 2. Is absorption on permanent basis.
- 3. Is absorption without breaks in service.
- 4. In case of break in service whether it is limited to joining time allowed on transfer.
- 5. Is the absorption with the approval of State Govt.
- Accounts Officer to who the balance is to be Transferred and new G.P.F. Account No. Allotted by Him.

Submitting Officer with seal.

### **ANNEXURE - I**

BILL FOR WITHDRAWALS FROM GENERAL AND OTHER PROVIDENT RULES ( ANDHRA PRADESH )

Net Amount		· ·			•		
·				<u> </u>			
		٠.					
							,
	· .			Admony	Other	10,01100 sidilip ito.	
Designation of subscribe		Pay	No.	sanction of letter Authority	withdrawail final payment advance	Acquaintance with revenue stamp Re.1	
Name an		BASIC	Fund Amount	No. Date of	Nature of	Candidates	Remarks
				·	In the office of , Z.P/P.S./G.P./M		
			•		From the Mont		
	Other with	drawails :			•		
	Final Payme	ent :					
Bill for withdrawai	ing advance fr	om		Provident	fund of Sri / Smt		
							· .
				į.	No		
				District _	Market July Committee of the Committee o		· .
					ntribution of P.R. Emp		ndern
		مشتها	•		es <sup>†</sup> e e	· Parishad out of Prov	rident
				8338 :- 1	Deposits of Local Fun	ıds	

Signature of the Drawing Officer with seal

## **ANNEXURE - II**

Name of the Subscriber and Designation	P.F. Account No.	Name of the Drwal	Particulars of Amount Drawn	Amount No. Refunded	Net Amount require for payment Rs.
·		·			
				,	
	Superintenden	<b>t</b>	Account Officer,		Dy. C.E.O.
				•	
Certified that I have so Three months previous	· · · · · · · · · · · · · · · · · · ·		•	•	vn in One month / Two months / _ Account No
•			•	-	this bill have been distributed to the p duly cancelled for every payment
in excess of Rs. 20/-		(v			
Certified that the bala		<b>+</b>	on date of wi	th drawal cove	ers the sub drawn in the bill the
credit of the subscribe		_			
	Policy No.	wi	th		Co

#### ANNEXURE - III

	icate that the olices below.			have been ass	igned in favor	of the Government o	of A.P. and forwarded
To the	e accountant Ger and accepted by	eral A.P. for so	afe custody the ant General, A.I	details of the polic P. in his letter No.	y / policies pro	posed to be takenup	have been communi-
SNo	Name of the Subscriber with PF Account Nu		Number of Policy	Name of of Company	Amount Premium	Due date of	Stock Number
fowai Insure scruti	ded to the Accou ance premium th ny with exception	intant Genero at original pro	al, A.P. emium receipts of du	have been within only produced to me	one month of th	/ Two months / Three	of the Drawing Officer months previous of
Those the re	e relating toeceipt, to the effe	ct that no abo	for Rs stement of Inco	me Tax admissable	and the n	ecessary endorseme	nt has been made on
Passe	d for Rs.						
		•			Pay Rs.	•	
					Rupees	•	
On S	.B.I. Ar	antapur.					

Note:- The bill withdrawal of advance final withdrawals should be duly certified copy of the sanction bill officer in case of Non-Gazetted Government Servant.

Accounts Officer,

Zilla Praja Parishad, Anantapur

Accountant

# నమూనా ధృవీకరణ పత్రము

నేను, అనంతపురం, జిల్లా ప్రజా పరిషత్ కార్యాలయములో భవిష్యనిధి స	భ్యులు. నా యొక్క భవిష్యనిధి
నెంబరు నా భవిష్యనిధి ఖాతా నందు	•••••••••••
సంవత్సరమునకు నిల్పయున్న మొత్తము రూరా	నా ఖాతా (కింద (పావిడెంటు
ఫండు రుణము తీసుకొని యున్నాను / తీసుకొన్న యెడల భవిష్యనిధి	
తీసుకొనవచ్చునని తెలుపుతున్నాను.	
స్థలము:	దరఖాస్తుదారుని సంతకము
ම්ඛ:	
ధ్నవీకరణ అధికారి సంతకము	
(ెహెచ్.యమ్/యం.ఇ.ఒ/ఇ.ఇ/డి.ఇ.ఇ.)	
ఉ.ము.కా.అ. / ఉ.వి.శా.అ.	
CERTIFICATE	
Certified that the recovery relating to P.F. Account	
stopped and there are no further adjustment towards H	has been is / Her PF Account
No	

Signature of the Drawing Officer,