

FORM – 2
[SEE RULE 31(3)]

FORM OF APPLICATION FOR FINAL PAYMENT BALANCES IN THE
GENERAL PROVIDENT FUND ACCOUNT

To

The Accountant General, Assam
Maidamgaon, Beltola, Guwahati-28
(Through the Head of Office)

Sir,

1. I am due to retire/ have retired/ have proceeding on leave preparatory to retirement for Months/have been discharged/ dismissed have resigned finally from Government Service and my resignation has been accepted with effect from Forenoon/ afternoon.
2. I have not opted for the continued retention of my Provident Fund money in the Fund in terms of the Government Letter No.FMP.82/58/6 Dated July 6, 1959,..... as extended from time to time. I, therefore request that arrangements may kindly be made to pay the entire mount at my credit with interest due under the Rules.

or

I have opted for the continued retention of my Provident Fund money in the Fund in terms of Government Letter No.FMP.82/58/6 Dated July 6, 1959 as extended from time to time and my option has been forwarded vide letter No..... dated..... is attached. I request that arrangements may kindly be made to pay me a sum of Rs.....

3. My Provident Fund Account No. is I desire to receive payment through my office/ through Treasury/ Sub Treasury. Particulars of my personal mark of identification, left hand thumb and finger impression (in case of illiterate subscribers) and specimen signature (in case of literate subscriber) in duplicate duly attested by a Government Gazetted Officer is enclosed.

4. The under mentioned Life Insurance Policies were being financed by me from my Provident Fund Account

Policy No	Name of the company	Sum assured
1.
2.
3.

Yours faithfully

Station..... Signature.....

Date..... Name.....

FOR USE OF THE HEAD OF OFFICE/ DEPARTMENT

- Forwarded to the Accountant General, Assam, Maidamgaon, Beltola, Guwahati-28 for necessary action. The particulars furnished above have been duly verified
- The Provident Fund Account No. of Shri /Smti/ Ms. (as verified from the Annual Statements furnished to him/ her) is
- He/ She died on A Death Certificate issued by the Municipal Authorities has been produced/ is not required in this case as there is no doubt about his/ her death.
- The last Fund deduction was made from his/ her pay for the month ofdrawn in the office of this Office Bill No. Dated..... for Rs..... (Rupees.....) Cash Voucher No.....dated.....of Treasury. The amount of deduction being Rs..... (Rupees.....) only and recovery on account of refund of advance of Rs..... (Rupees.....) only.
- Certified that he/ she was neither sanctioned any temporary advance nor sanctioned any final withdrawal from his/ her Provident Fund Account during the 12 months immediately preceding the date of his/ her death.
or

6. Certified that the following temporary advance / final withdrawals were sanctioned to him/ her and drawn from his/ her Provident Fund Account during the 12 months immediately preceding the date of hi/ her death

	Amount of Advances / Withdrawals	Date/ Place of encashment	Voucher No. and Date
1
2
3

7. Certified that no amount was withdrawn/ the following amounts were withdrawn from his / her Provident Fund Account during the 12 months immediately preceding the date of his/ her retirement.

(To be submitted by the subscriber immediately after the last deduction has been made as per Rule 31(4) (I). 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 of 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

Signature.....

Name.....

Address after retirement

FOR USE OF THE HEAD OF OFFICE/ DEPARTMENT

1. Forwarded to the Accountant General, Assam, Maidamgaon, Beltola, Guwahati-28 for necessary action/ in continuation of endorsement No..... Dated
2. (a) 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 the Government of To take up appointment with and his/ her resignation has been accepted with effect from forenoon/ afternoon. He/ She joined service on in the forenoon/ afternoon.
(b) His/ Her Provident Fund Account No. is.....
3. The last Fund Deduction was made from his / her pay for the month of drawn vide Bill No..... Dated..... for Rs. (Rupees) only of Treasury. The amount of deduction being Rs..... (Rupees.....) only and recovery on account of refund of advance of Rs..... Rupees only
4. Certified that he/ she was neither sanctioned any temporary advance or any final withdrawal from his / her Provident Fund Account during the 12 months immediately preceding the date of his/ her quitting service under the Government of Assam proceeding for Leave preparatory to retirement or thereafter
Or
Certified that the following temporary advances/ final withdrawal/ final withdrawal as sanctioned to him/ her and drawn from his/ her Provident Fund Account during the 12 months immediately preceding the date of his/ her quitting service under the Government of / proceeding on leave preparatory to retirement or thereafter.

Amount of Advances/ withdrawals	Date	Voucher Number
Rs..... (in words)		
Rs..... (in words)		
Rs..... (in words)		

5. Certified that the amount was withdrawn / the following amount were withdrawn from his/ her Provident Fund Account during the twelve months immediately preceding the date of his/ her quitting service under the Government of / proceeding on leave preparatory to retirement of thereafter for payment of insurance premium or for the purchase of a new policy.

Amount of Advances/ withdrawals	Date	Voucher Number
Rs..... (in words)		
Rs..... (in words)		
Rs..... (in words)		

6. Certified that no demands / following demands of Government are due to recovery.

7. Certified that he/ she has not resigned from Government Service with prior permission of the State Government to take an appointment in another department of the State Government or under the Central Government or other State Government or under a body corporate owned or controlled by any State Government/ Central Government.

.....
Signature of the Head of the Department

Certificate No.6 to be furnished in the case of Contributory Provident only.

HEIGHT AND IDENTIFICATION MARK OF THE APPLICANT

(Name of Pensioner and retiring rank)

1. Height :
2. Identification mark :

Attested By

HEIGHT AND IDENTIFICATION MARK OF THE APPLICANT

(Name of Pensioner and retiring rank)

1. Height :
2. Identification mark :

Attested By

DESCRIPTIVE ROLL OF THE APPLICANT

(To be submitted in triplicate)

1	NAME	
2	DATE OF BIRTH (BY CHRISTIAN ERA)	
3	HEIGHT	
4	MARK OF IDENTIFICATION	
5	PERMANENT RESIDENTIAL ADDRESS SHOWING VILLAGE STREET, LANE, PINCODE, POLICE STATION, DISTRICT AND STATE	

Date

Attested By

Signature of pensioner

FAMILY DESCRIPTIVE ROLL OF THE APPLICANT

(To be submitted in triplicate)

Sl No	NAME OF THE MEMBER OF THE FAMILY	RELATIONSHIP WITH THE EMPLOYEE	DATE OF BIRTH	HEIGHT	MARK OF IDENTIFICATION	PERMANENT ADDRESS
1						
2						
3						

Date

Attested By

Signature of pensioner