

APPLICATION FOR FINAL CLOSURE OF GENERAL PROVIDENT FUND ACCOUNT

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

| | | |
|--------|--|----------------------------------|
| 1 | Name of the Subscriber (in Block letters) | |
| 2 | Designation | |
| 3 | GPF Account Number with Departmental Suffix | |
| 4 | Date of Birth | |
| 5 | Office to which attached | |
| 6 | Residential Address after retirement | |
| 7 | Date of entry into service | |
| 8 | Event necessitating closure of account | |
| 8a | Retirement on Superannuation | |
| 8b | Voluntary Retirement (Copy of orders to be enclosed) | |
| 8c | Resignation (attach a copy of the orders of acceptance of resignation) | |
| 8d | 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 | |
| 8e | Death Date | |
| | (i) Has the subscriber filed any nomination? (in original) | |
| | (ii) If no or if the nomination has been rendered null and void, please furnish the details of the surviving family members on the date of death of subscriber in the format given below | |
| Sl. No | Name | Relationship with the subscriber |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| | (iii) If any of the nominee die after the subscriber but before receiving payment | |

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| | | | | | | | | |
|--------------------|------------------|---|----------------------|---------------------------|---------------------------|---------------------------|-----------------------------------|--|
| | | (vide note 3 under Rule 30 (ii) Please or Succession Certificate) | | | | | | |
| | | (iv) If there is no nomination and if the subscriber has left no family to whom should the money be paid? (Enclose letter of Probate or Succession Certificate) | | | | | | |
| 8f | | Transfer of Balance | | | | | | |
| | | (v) Date of absorption on permanent basis Organisation to which transferred /joined on permanent basis | | | | | | |
| | | Is absorption on permanent basis? | | | | | | |
| | | (vi) Is the absorption with the approval of State Government? If so, details of orders may be furnished | | | | | | |
| | | (vii) Accounts Officer to whom the balance is to be transferred | | | | | | |
| 9 | | Details of Insurance policy financed from the GPF | | | | | | |
| Stock Number | Policy Number | Sum Assured | Amount of Premium | Date of Payment | Date of Maturity | Name of Insurance Company | | |
| | | | | | | | | |
| 10 | | Name and address of offices served during the last 3 years | | | | | | |
| Name of the Office | | Address | | Period of service | | Designation | | |
| | | | | | | | | |
| 11 | | Particulars of Last Fund Deduction | | | | | | |
| Pay for (month) | GPF Subscription | Recovery Refund | Gross amount of bill | Net amount of bill | Date of encashment | Place of Payment | Head of Account Voucher Number | |
| | | | | | | | | |
| 12 | | Period during which subscriber was on EOL/ Suspension or any other leave period during which no subscription was recovered | | | | | | |
| 13. | | Details of Advances / withdrawals in the last 12 months | | | 90% Part Final Withdrawal | | | |
| Name of withdrawal | | Sanction order No & Date | Amount | Date and place of payment | | Voucher Number | | |
| | | | | | | | | |
| | | (i) Temporary Advance | | | | | | |
| | | (ii) Part Final Withdrawal | | | | | | |
| | | (iii) 90% of PFW (as per G.O.535, Govt. Lr. | | | | | | |

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| | | |
|----|---|--|
| | 140075 / Allowances 93-1 Fin Dated:15.1.93 | |
| 14 | Religion of the subscriber | |
| 15 | Office/Treasury/Sub-Treasury at which GPF payment is desire | |
| | Whether you are a self drawing officer Drawing | |
| | Pay in the scale of pay of (Strike out whichever is not applicable) | |
| | If, Yes (a) Treasury at which GPF payment is desired | |
| | (b) Enclose the following | |
| | (i) Personal Marks of identification | |
| | (ii) Specimen signature (or) Left/right hand thumb and fingers impression | |
| | Office/Treasury/Sub-Treasury at which GPF payment is desired | |
| 16 | I hereby undertake to refund any excess payment arising out of clerical errors in the settlement of GPF claims | |

Station:

Signature of the Claimant

Date:

FOR USE BY HEAD OF 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 Fund was granted
during the last 12 months except those detailed in item (14) ABOVE

Station:

Date:

Signature of Head of Office
Head of Department

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ANNEXURE -II

Name :
Designation :
Drawing Officer :
Place of Payment :

| Nature of Withdrawal | Amount | Date and place of payment |
|----------------------|--------|---------------------------|
| Final Closure | Rs. | |