

Application form for final payment of Balance in the Provident Fund

FORM G.P.F. 10-A
(for Gazetted Officer)

To
The Accountant General
Tripura, Agartala

Through the Head of Office/Department

Sir,

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 _____/ resigned finally from Government service under _____ Government of Tripura to take up appointment with _____ and my resignation has been accepted with effect from _____ forenoon/ afternoon. I have joined service with _____ on _____ forenoon/ afternoon.

2. My specimen signature in duplicate, dully attested by another Gazetted officer is enclosed.

P A R T - I

(To be filled in when the application for final payment submitted up to one year prior to retirement)

4. I request that the amount of Rs. _____ (Rupees _____) standing to the credit in my General Provident Fund Account as identified in the Accounts Statement issued to me for the Year _____ (Enclosed) / as appearing in my ledger account being maintained by you, may please be arranged to be paid to me through _____ Treasury/Sub-Treasury.

5. Certified that, I had taken the following Advance in respect of which _____ Installments of Rs. _____ are yet to be repaid to the Fund Account. I had taken the following final withdrawals: -

TEMPORARY ADVANCES

WITHDRAWALS

- 01.
- 02.
- 03.
- 04.
- 05.

6. Certified that the following amounts were withdrawn by me to finance my Life Insurance Policy from my Provident Fund Account : -

01. TEMPORARY ADVANCES

WITHDRAWALS

- 02.
- 03.
- 04.
- 05.

7. Certified that after the payment of first installment of my Provident Fund balance, I will apply for the payment of a subsequent installments in part – II of the form immediately on retirement.

Date.
Place.

Signature of the Subscriber
Name _____
Address _____

CERTIFICATION IN THE HEAD OF OFFICE/DEPARTMENT

Certified that the above information has been verified from the records being maintained in this office and is correct.

Signature of the Head of Office/
Department

P A R T – II

(To be submitted by the subscriber immediately after his retirement, 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.)

4. In continuation of my application for final payment sent to you, vide No. _____ dated _____ I request that the balance in my Provident Fund Account may please 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 through _____ Treasury/Sub-Treasury/may be transferred to me Provident Fund Account. My Provident Fund Account is _____.

5. A sum of Rs. _____ (Rupees _____) only was last deduction as Provident Fund subscription and recovery on account of refund of advances from my pay bill for the month of _____ for Rs. _____ once paid on _____ at _____ Treasury/Sub-Treasury.

6. I certified that, I have neither drawn any temporary advance nor made any final withdrawal from my Provident Fund account during the 12 _____ Months immediately preceding the date of my quitting service under _____

Details of the temporary advance drawn by me/final withdrawal made by me from my Provident Fund account during the 12 Months preceding _____ 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.

7. I hereby certified that, no advance was withdrawn/the following amounts were withdrawn by me 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 for payment of or for the purchase of a new policy: -

Amount

Date

- 1.
- 2.

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

Policy No.

Name of the Company

Sum assured

Yours faithfully,

Station

Signature

Date

Name _____

Address _____

Para 4 applies only when payment isother the one at the District Headquarters where the subscriber last served. Otherwise it may be struck out.

CERTIFICATE BY THE HEAD OF OFFICE/DEPARTMENT

Forwarded in continuation of endorsement No.....

..... Dated.....

1. (a) 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 my quitting service under _____ Government/proceeding on leave preparatory to retirement or thereafter.

OR

2. It is certified that after the verification with reference to the records in my office, the following temporary advance/final Provident Fund account 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.

Sl. No.	Amount Advance/withdrawal.	of	Date	Voucher No.
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3. It is certified that no demands/following demands of Government are due for recovery.
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 corporate owned or controlled by the State.

(Signature of the Head of
Office/ Department)

- * Certificate No.3 to be furnished in the same of Contributory Provident Fund only.
- ** Please Score out if not necessary.