

FORM 10 'C'

Form of application for Final Payment of Balance in the Provident Fund account of a Subscriber to be used by the nominees or any other claimants where no Nomination subsists

To

The Accountant General  
Agartala, Tripura West  
Through the Head of Office)

Sir,

It is requested that arrangements may kindly be made for the payment of the accumulation in the General Provident Fund Accountant of Shri/Shrimati \_\_\_\_\_.

The necessary particulars required in this connection are given below:

1. Name of Government Servant
2. Date of Birth
3. Post held by the Government Servant
4. Date of Death
5. Death in the form authorities issued  
Municipal authorities, if available
6. Provident Fund Account No. allotted to  
The subscriber
7. Amount of Provident Fund money standing  
To the credit of the subscriber at the time of  
His death, if known.
8. Details of the nominees alive on the date of  
Death of the subscriber if a nomination subsists.

Name of the Nominee	Relation-ship with the subscriber	Share of the nominee
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9. In case the nomination is in favour of a person other than a member of the Family, the details of the family if the subscriber subsequently acquired a family.

Name	Relation-ship with the subscriber	Age of the date of death
(i) .....	.....	.....
(ii) .....	.....	.....
(iii) .....	.....	.....

10. In case nomination subsists, the details of The surviving members of the family on the date of death of the subscriber. In the case of a daughter son of the subscriber, it should be stated against her name when then her husband was alive on the date of death of the subscriber.

Name	Relation-ship with the subscriber	Age of the date of death
(i) .....	.....	.....
(ii) .....	.....	.....
(iii) .....	.....	.....

11. In the case of amount due to a child whose mother (widow or subscriber) is not a Hindu, the claim should be supported by indemnity Bond or guardianship certificate, as the case may be

12. If the subscriber has left no family and no nomination subsists, the names of persons to whom the provident Fund money is payable (to be supported by letter of probate of succession certificate, etc)

Name	Relation-ship with the subscriber	Address
(i) _____	_____	_____
(ii) _____	_____	_____
(iii) _____	_____	_____

13. Religion of the claimant(S)

14. The payment is desired through the office of \_\_\_\_\_  
\_\_\_\_\_

Through the \_\_\_\_\_

Treasury/Sub treasury. In this connection

The following documents duly attested by

Gazetted officer in service/Magistrate are

Attached .....

i) \_\_\_\_\_ Personal marks of identification

ii) \_\_\_\_\_ Left/Right hand thumb are finger

Impressions (in the case of illiterate Claimants)

iii) \_\_\_\_\_ Specimen signatures in duplicate (in the case of literate claimants)

Station .....

Dated .....

(Signature of claimant  
Full name and address)

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6. 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 death for payment of insurance premia of for the purchase of a new policy.

Policy number and Name of the company	amount	Date	Voucher Number
1.	.....	.....	.....
	.....	.....	.....
2.	.....	.....	.....
	.....	.....	.....
3.	.....	.....	.....
	.....	.....	.....

7. It is certified that ..... of Government due for recovery

8. Certified that no advance/following advance sanctioned in terms of the Ministry of Finance Officer. Memorandum No. 10 (3)-E.V.(A)/63, dated the 1<sup>st</sup> November, 1965 is due for recovery.

Signature of the  
Head of Office/Department