

**FORM B**

**APPLICATION FORMS FOR FINAL PAYMENT OF BALANCES IN THE PROVIDENT FUND  
(FOR NON-GAZETTED OFFICER).**

Form of application for Final Payment/Transfer to Corporate bodies/Other Governments of Balances in the ..... Provident Fund Account.

To

The Accountant General,

.....

(Through the Head of office)

Sir,

I am to retire/have proceeded on leave preparatory to retirement for ..... months/have been discharged/dismitted/have been permanently transferred to ..... / have resigned finally from Government service/have resigned service under ..... Government to take up appointment with ..... and my resignation has been accepted with effect from ..... forenoon/afternoon. I joined service with ..... on ..... Forenoon/afternoon.

2. My Provident Fund Account No is .....

1. I desire in receive payment through my office/through ..... Treasury/Sub-Treasury, Particular of my personal marks of identification, left hand thumb and finger impressions (in the case of illiterate subscribers) and specimen signature (in the case of literate subscriber) in duplicate, duly attested by a Gazetted Officer of the Government, are enclosed.

PART – I

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

2. I request that the amount of ₹..... standing to the credit in my General Provident Fund account as indicated in the Accounts Statement issued to me for the year ..... (enclosed) as appearing in my ledger amount being maintained by you ..... Treasury/Sub Treasury/Head of Office, may please be arranged to be paid to me as first instalment of final payment.
3. The under mentioned Life Insurance policies were being financed by me from my Provident fund Account:

	Policy number	Name of the Company	Sum Assured
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

4. After payment of the first installment of my Provident Fund balance, I will apply for the payment of subsequent instalments in part-II of the form immediately on retirement.

Yours faithfully,

Signature \_\_\_\_\_

Station \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

This applies only when payment is not desired through the Head of office.

( FOR USE BY HEADS OF OFFICES)

Forwarded to the Accountant General \_\_\_\_\_ for necessary action.

2. The Provident Fund Account No. \_\_\_\_\_ of Shri/Shrimati/Kumari  
..... (as  
verified from the Statements furnished to him/her from year to year is  
\_\_\_\_\_

3. He/She is due to retire from Government service on \_\_\_\_\_

4. Certified that he/she had taken the following advances in respect of which \_\_\_\_\_ instalment  
of ₹. \_\_\_\_\_ are yet to be recovered and credited to the Fund Account. The details of the  
final withdrawals granted to him/her are also indicated below:

	Temporary advances	Final withdrawals
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

5. Certified that the following amount were withdrawn from his/her account in Finance the Life Insurance Policy:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

\_\_\_\_\_

Signature of the head of office

PART – 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 on discharge, resignation, etc)

In continuation of any earlier application, dated ..... for the final payment of the Provident fund balanced, I request that the entire balance at 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 rule may be paid to me/transferred to .....

Signature .....

Name .....

Address .....

(FOR USE BY HEADS OF OFFICES)

Forwarded to the accountant General ..... for necessary action/in continuation of endorsement No ..... dated .....

2. He/She has finally retired/will proceed on leave preparatory to retirement for ..... months/has been discharged/dismitted/has been permanently transferred to ...../has resigned finally from Government service/has resigned service under ..... Government to take up appointment with ..... and his/her resignation has been accepted with effect from ..... forenoon/afternoon.

2. The last fund deduction was made from his/her pay in this office bill No. .... dated ..... for ₹..... (Rupees .....) cash voucher No ..... of ..... Treasury, the amount of deduction being ₹..... and recovery on account of refund of advance ₹.....

3. 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 ..... Government/proceeding on leave preparatory to retirement or thereafter.

OR

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 his/her quitting service under ..... Government/proceeding on leave preparatory to retirement or thereafter.

Amount of advance/withdrawal	Date	Voucher number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

5. Certified that no amount was withdrawal/the following amounts were withdrawn from his/her Provident Fund Account during the twelve months immediately preceding the date of his/her quitting service under ..... Government/proceeding on leave preparatory to retirement or thereafter for payment of Insurance premia or for the purchase of a new policy.

	Amount	Date	Voucher number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

6. It is certified that no demands/following demands of government are due for recovery.

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

Signature of Head of Office/Department

Sonal Details of/in respect of :-

For revision of Pensioners.

Per.A.G's letter No.PEN(M)/POLICY VOL.II/2018-19/1055, dtd.26<sup>th</sup> June, 2019.

1	2	3
1	NANE IF OEBSUIBER FANUKT OEBSUIBER (BLOCK LETTERS)	
2	DATE OF RETIREMENT	
3	PPO NO.	
4	PAN NO.	
5	ADDHAR NO	
6	MOBILE NO	
7	EMAIL I/D	

DATE:

SIGNATURE OF PENSIONER

OR

SIGNATURE OF FAMILY PENSIONER