

**APPENDIX – ( T )**  
**( UNDER SECTION RULES – 25(A) )**  
**FORM OF APPLICATION FOR THE PAYMENT OF**  
**SOCIAL SECURITY CUM PROVIDENT FUND BOOSTER**

( To The Families Of The Deceased Zilla Parishad Provident Fund Subscribers )

To  
 The Chief Executive Officer,  
 Zilla Praja Parishad,  
 Guntur.

(Through The Head of Office in Case of Non-Gazetted / Through The Head of the Department in Case of Gazetted Officers)

- 1) Name Of The **Deceased Subscriber** :: \_\_\_\_\_  
 ( IN CAPITAL LETTERS )
- 2) Designation & Office to which Attached :: \_\_\_\_\_  
 (Full Address with PIN Code) \_\_\_\_\_
- 3) Subscribers PF Account Number :: 

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- 4) Date of Entry Into Service (DD/MM/YY) :: \_\_\_\_\_
- 5) Date of Death (DD/MM/YY) :: \_\_\_\_\_
- 6) Name Of The **Claimant** :: \_\_\_\_\_  
 ( IN CAPITAL LETTERS )
- 7) Relation with the Subscriber :: \_\_\_\_\_
- 8) Residential Address of the **Claimant** :: \_\_\_\_\_  
 (Full Address with PIN Code) \_\_\_\_\_
- 9) Whether Final Payment is Made? :: \_\_\_\_\_  
 ( YES/NO )
- a) If Yes, to Whom ? :: \_\_\_\_\_
- 10) a) **SBI Savings Account Number** of The **Claimant** :: 

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 ( Xerox Copy Of Bank Pass Book Should Be Enclosed. Not Applicable for Balance Transfer )
- b) **SBI Branch Name** :: \_\_\_\_\_
- c) **SBI Branch Code Number** :: 

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- 11) Certificates Enclosed ( YES/NO ) :: 1) **Death Certificate**  
 2) **Proper Person Certificate**

Station :

Signature of The CLAIMANT

Date :

NAME : \_\_\_\_\_

For the use of Head of the office / Head of the Department

Rc. No. \_\_\_\_\_

O/o \_\_\_\_\_

Dated the: \_\_\_\_\_

The Social Security cum Provident Fund Booster Scheme Application is forwarded to the Chief Executive Officer, Zilla Praja Parishad, Guntur for further necessary action

**Certified that all the particulars furnished have been verified with reference to office records and are found correct.**

Station :

**Yours faithfully,**

Date :

Signature of The Head of the Office / Department  
with Date & Designation with Postal Address

To The Chief Executive Officer, Zilla Praja Parishad, Guntur.

**FORM – 40A**

( See Instruction 4(i) to (iii) under Treasury Rules 17 )

**BILL FOR WITHDRAWAL FROM GENERAL AND OTHER PROVIDENT FUNDS  
ANNEXURE**

DISTRICT : **GUNTUR**

SUB-ACCOUNT: \_\_\_\_\_ VOUCHER No. : \_\_\_\_\_ of \_\_\_\_\_ 20

STATE PROVIDENT FUND \_\_\_\_\_ PROVIDENT FUND \_\_\_\_\_ of \_\_\_\_\_ BRANCH

Bill for Withdrawing **PROVIDENT FUND BOOSTER** Withdrawals from the **Zilla Parishad Provident Fund, Guntur** of Sri / Smt. \_\_\_\_\_

For the month of \_\_\_\_\_ / \_\_\_\_\_ in the Office of \_\_\_\_\_

- 1) Name & Designation of the Subscriber :: \_\_\_\_\_
- 2) Name of Claimant ( Proper Person ) :: \_\_\_\_\_
- 3) Proceedings No. & Date of Sanctioning Authority. :: \_\_\_\_\_
- 4) Nature of withdrawn :: **BOOSTER**
- a) Amount :: **Rs.**
- 5) **Acqittance** ::  
( Affix a Revenue Stamp & Sign Across )
- 6) Remarks :: \_\_\_\_\_

**Particulars of Amount Refunded:-**

Sl. No.	Name of the Subscriber & Designation	ZPPF Account No.	Date of Drawl	Particulars of Amount Drawn	Amount Rs.
				<b>BOOSTER</b>	

Station : \_\_\_\_\_ Deputy Chief Executive Officer,  
Date : \_\_\_\_\_ Zilla Praja Parishad, Guntur

Passed for Rs. \_\_\_\_\_ /-( In Words Rupees \_\_\_\_\_ Only )

and PAY the same to Sri / Smt. \_\_\_\_\_

by way of CHEQUE / DD / ON-LINE ADJUSTMENT to the individuals Savings Bank Account No. \_\_\_\_\_ at State Bank Of India, \_\_\_\_\_ Branch.

**// ACCOUNT VERIFIED //**

Accounts Officer,  
Zilla Praja Parishad, Guntur

Deputy Chief Executive Officer,  
Zilla Praja Parishad, Guntur

Contents Received \_\_\_\_\_

Signature of the messenger \_\_\_\_\_

1. Certified that I have satisfied myself that all sums included in bills (Form No. 40-A) drawn on month / two months / three months Previous to this date in favour of Messer's \_\_\_\_\_ Account No. \_\_\_\_\_ with the exception of those detailed (of which the total has been refunded by deduction in this bill ) have been disbursed to the proper persons and that their acquittances have been taken and filed in my Office with receipts stamp duly cancelled for every payment.
2. Certified that the balance in the funds at the credit of Sri / Smt. \_\_\_\_\_ on the date of withdrawn covers the sum drawn in this bill.
3. Certified that the amount asked from the bill as required to meet the yearly premium due on in respect of policy No. \_\_\_\_\_ with the \_\_\_\_\_ Company Limited. The policy / policies in question have been assigned to the Government of Andhra Pradesh and in the custody of the ZPP, GUNTUR. The details, of the policy / policies proposed to be taken has been communicated to and accepted by the Zilla Parishad in his letter No. \_\_\_\_\_, dated \_\_\_\_\_.

Sl. No.	Name of the Subscriber with Account No.	No. of the Policy	Name of the Company	Amount of Premium	Due Date of Premium	Stock Number

4. Certified that in respect of withdrawals made in bill (Form-40A) one month / two months / three months previous to the date towards payment of insurance premium the original premium receipt have been within one month of the date of withdrawal and forwarded to the ZPP, GUNTUR with the exception of those \_\_\_\_\_ for the scrutiny and the necessary endorsements have been made on the receipt to the effect that the no statement of income tax is admissible.
5. Certified that the number of policies from the GPF Dues not exceeds fours the number of policies financed from the GPF / exceeded four as these were accepted prior to 16.8.98.

Station :

Date :

Deputy Chief Executive Officer,  
Zilla Praja Parishad, Guntur

**FOR USE IN AUDIT OFFICE**

Item \_\_\_\_\_ of \_\_\_\_\_

ADMITTED	:	Rs.
OBJECTION	:	Rs.
TOTAL	:	Rs.

Details of Objection, if any

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ACCOUNTANT

District Audit Officer,  
State Audit, Guntur