

APPENDIX – (H)
(UNDER SECTION RULES – 31(3))
FORM OF APPLICATION FOR FINAL PAYMENT OF
ZILLA PARISHAD PROVIDENT FUND BALANCE

(Retirement / Resignation / Removal / Transfer Of Balance / Death Case)

(TO BE FILLED IN BY THE APPLICANT)

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 Subscriber (IN CAPITAL LETTERS) :: _____
- 2) Employee Code (Issued by Treasury) ::

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- 3) Designation & Office to which Attached (Full Address with PIN Code) :: _____

- 4) Provident Fund Account Number ::

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- 5) Date of Birth (DD/MM/YY) :: _____
- 6) Date of Entry Into Service (DD/MM/YY) :: _____
- 7) a) **SBI Savings Account Number** ::

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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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- 8) Residential Address of the Subscriber (Full Address with PIN Code) :: _____

- 9) Copy of Latest ZPPF Account Slip Enclosed? (YES / NO) :: _____
- 10) Reason for Application of Final Payment (Retirement / Resignation / Removal / Invalidation / Transfer / Invalidation / Death) :: _____
- 11) Date of Retirement / Resignation / Removal / Invalidation / Transfer / Invalidation / Death :: _____

12) Particulars of Offices Worked During the LAST 10 YEARS

Name of the Office	Address	Period Worked		Designation
		FROM	TO	

13) CERTIFICATES

i) I have Resigned from Government service NOT to take up appointment in another department of State Government / Central Government or under a Body, Corporate owned or controlled by the State or Central Government.

NOTE: This Certificate is to be furnished only by Subscriber who Resigned Permanently from Government service. If Resigned to take up appointment elsewhere may be given in the form prescribed in the annexure.

ii) I hereby undertake that No Appeal shall be prepared by me against my Dismissal / Removal / Compulsory Retirement / Invalidation.

NOTE: This Certificate is to be furnished only in case of dismissal / removal / compulsory retirement / invalidation.

iii) I hereby Undertake To Refund Any Excess Payment arising out of clerical error in the settlement of this Provident Ffund claim.

14) In case of DEATH the following particulars may be furnished :-

a) Date of DEATH (DD/MM/YY) :: -----

(Copy of Death certificate to be enclosed)

b) Religion of Deceased Government Servant :: -----

c) Details of the surviving members of the family on the Date of Death of the subscriber are furnished below :-

Sl. No.	Name of the Family Member	Relationship with the Subscriber	Date of Birth	Marital status as on the Date of Death of the Subscriber

Station :

Signature of The SUBSCRIBER / CLAIMANT

Date :

NAME : -----

CLOSURE

ANNEXURE

TRANSFER OF BALANCE

(In case of absorption in other Departments / Other State Governments / Public Sector undertakings, furnish the following information)

- 1) Date of Absorption :: -----
- 2) Is absorption on permanent basis? (YES / NO) :: -----
- 3) Is absorption without breaks in service? (YES / NO) :: -----
- 4) In case of break in service whether it is limited to joining time allowed on transfer :: -----
- 5) Is the absorption with the approval of State Government? (YES / NO) :: -----
- 6) Officer to whom the balance is to be transferred and the new PF Account No. allotted by him :: -----

Station :

Date :

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

CLOSURE

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 **FINAL PAYMENT** 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 :: **CLOSURE**
 - 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 Now Refund Rs.
				CLOSURE	

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 _____

CLOSURE

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

ACCOUNTANT

District Audit Officer,
State Audit, Guntur