Check List of Documents required for grant of GPF on Superannuation of a Govt servant.

S.No.	Documents	DESCRIPTION	DELLIBOR
1.	Form-1		REMARKS
2.	Annexure-D Form-I Part-I & II	Form of application for final payment of balance in the Provident Fund Account on Superannuation.	
	Undertaking regarding Excess payment	<u>superamidation.</u>	
4.	Specimen signature		

FORM I

Form to be used by Head of Office for Final Payment/transfer of balances in the General/Contributory Provident Fund Account to Autonomous Bodies/Other Governments

THE PERSONAL PROPERTY OF THE PERSON OF THE P	eral Provident Fund/Contributoryas (artifical from the at-t-	int Number of hents furnished to him her
nom year to year	r, is		to rilli no
transferred to	s due to retire from Governme months/ha	s been discharged/disn	eded on leave preparatory to nissed has been permanently om Government service
3. Certified that he	e/she had taken the following ac	vances in respect of wi	nich
motaments of Re	s		each are outstanding.
Amount of To	emporary advances		Amount outstanding
2			
	of		withdrawal
 Details of indicated below- 	the withdrawals granted to	him/her in the currer	nt financial year are also
1	of Withdrawal		e of Withdrawal
3			
After adjusting	ng the above withdrawals and actificiting his/her Provident Fund Acco	dvances an amount of	Rs
		ount to appearing in the	ledger account.
6. The final pay	ment be made after verifying the	e records.	
		S	ignature of the Registrar
Forwarded to the Con	ntroller of Fig.		
a. aca to the Cor	ntroller of Finance	for ne	cessary action.

Forms

Form of Application for Final Payment/Transfer to Corporate Bodies/Other Governments of Balances in the General Provident Fund Account

To
The Controller of Finance,
O DO ANDERSON DE CONTRA DE
(Through the Registrar)
Sir/Madam,
I am to retire/have retired have proceeded on leave preparatory to retirement for
2. My Provident Fund Account No. is 3. I desire to receive payment through my office through theTreasury/Sub Treasury. Particulars of my personal marks of identification left hand thumb and finger impressions (in the case of illiterate subscribers and specimen signature (in case of literate subscribers) 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 up to one year prior to retirement]
4. I request that the amount of Rs
5.******

×				
			C:	Yours faithfully
			Address	
Station				
	• • • • • • • • • • • • • • • • • • • •			
11115 8	applies only when pay (FOR US	yment is not desire SE BY HEADS OF	ed through the Head of the Hea	ad of Office.
F			ž.	
rorwarded	to the Pay & Account	ts Officer	for n	ecessary action.
(45)	Provident Fund Acco certified from the Sta	atements furnishe	d to him/ her fro	ırimati/Kumari m year to year)
2. He/Si on	he retire	from	Government	Service
recov	ied that he/she ha insta ered and credited rawals granted to him	allment of Rs to the Fund Ac	count. The deta	are vet to be
Temporary A	.dvances		Final Withdraw	volo

3				
4			*******************	**********
			*****************	*******
(6)				

6. After payment of the first installment of my Provident Fund balance, I will apply for the payment of subsequent installments in Part-II of the form immediately on

retirement.

Signature of the Registrar

PART-II

[To be submitted by the Subscriber immediately after his/her retirement. This Part also applicable in the case of subscribers who apply for final payment for the first time after the date of superannuation, discharge, resignation etc.] In continuation of my earlier application, dated	
Or	
I request that the entire amount at my credit with interest due under the rules may be paid to me /transferred to	
,	
Signature Name Address	
(FOR USE BY HEADS OF OFFICES)	
Forwarded to the Controller of Finance	
2. He/She has finally retired/ will proceed on leave preparatory to retirement for	
3. The last fund deduction was made from his/her pay in this office bill No	
4: Certified that he/she was neither sanctioned any tempory advance nor any final withdrawal from his/her Provident Fund Account during the 12 months immediately preceding the date of his/her quitting service under	

Certified that the following temporary advantage of sunctioned to him/her and drawn from his/her Provident months immediately preceding the date of under	his/hor quitting
Amount of Advance/withdrawal 1 2 3 4 5.*********************	Date Voucher number
6. It is certified that no demands/following demands of recovery. 7. Certified that he/she has not resigned from Governments to take up an appointment of the Central Government or under a State Government of the Central Government or under a State Government of the Central Government or under a State Government of the Central Government or under a State Government of the Central Government or under a State Government of the Central Government or under a State Government of the Central Government or under a State Government of the Central Government or under a State Government of the Central Government or under a State Government of the Central Government or under a State Government of the Central Government of the Central Government or under a State Government of the Central Government or under a State Government of the Central Government or under a State Government of the Central Government or under a State Government of the Central Government or under a State Government or under a State Government of the Central Government or under a State Government of the Central Government or under a State Government or under a State Government or under a State Government of the Central Government or under a State Government	rnment service with prior
	Signature of the Registrar

^{1.}Certificate No.6 to be furnished in the case of Contributory Provident Fund only. 2.Please score out if not necessary.



Guru Gobind Singh Indraprastha University Sector-16 C, Dwarka, New Delhi-110078

DECLARATION REGARDING REFUND OF EXCESS PAYMENT

I	do hereby declare that the amount
Pension/Gratuity and GPE as authorized to	de nereby deciale that the amount of
Pension/Gratuity and GPF as authorized by the Pay	and Accounts officer if afterwards found to be in
excess of the amount by which entitled under the rul	les I refund such excess and
months.	es, Freiting such excess on demand within two
months.	
	Signature :
	Name in full ·

Address:

Specimen signature of Shri/ Smt/Km	·····
Designation	
9 = 110 - 100 - 1	
1.	
42	
2.	
2.	
Thumb/finger impression of Shri/Smt./Km	
CHEET EAR CREAMEN AND	
	ATURE OF THE CLAIMANT/GUARDIAN
Specimen signature of Shri/ Smt./Km	
Designation.,	
*	
	*
L. L. IN	
numbringer impression of Shr/Smt/Km	
	*
*	
SHEET FOR SPECIMEN SIGNAT	URE OF THE CLAMANT/GUARDIAN
outrien signature of Shr/ Smt/km	
-tr-	
signation	

SHEET FOR SPECIMEN SIGNATURE OF THE CLAIMANT/GUARDIAN