

Form "B" (For Non Gazetted Officers)

Form of application for final payment / transfer to corporate bodies/other Govt., of Balances in the General Provident Fund Account only.

To
The Accountant General,
Andhra Pradesh, HYDERABAD.

(Through the Head of office)

Sir,

I am to retire/have retired/ have preceded on leave preparatory to retirement for months/have been discharged/dismissed/have been permanently transferred to have resigned finally from Govt., Service/ have resigned service under Govt. to take up appointment with..... and my resignation has been accepted with effect from forenoon/afternoon. I joined service with on..... forenoon / after noon.

2. My General Provident fund account No. with departmental suffix is:

3. I desire to receive payment through my office/ through the Treasury / Sub-Treasury Particulars of .my personal marks of identification left hand thumb and finger impressions (in the case of literatre 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 upto one year prior to retirement

4. I request that the amount of Rs..... standing to the credit in my G.P.F. Account is indicated in the Accounts Statement issued to me for the year (enclosed, is appearing in my ledger account being maintained by you pay please be arranged to be paid to me as first instalment for final payment at Treasury / sub- Treasury Head of office.

5. (a) The undermentioned Life Insurance Policies were being financed by me from my provident fund Account.

Policy No.	Name of the Insurance.	Sum Assured.
1.		
2.		
3.		

- 5(b)
- | | |
|---|--------|
| 1. Whether the Joint tenant is alive | Yes/No |
| 2. Premin paid without break (if not details of years in which it was not drawn may be furnished, | Yes/No |
| 3. Years in which the first and the last withdrawals have been made towards the above policies. | Yes/No |
| 4. Whether the policy has lapsed | Yes/No |

6. After payment of the first instalment of my P.P. balance, I will apply for the payment of subsequent instillments in part II

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

Yes/No

Yours faithfully,

Station :

Date :

Signature:
Name & Address

(For used by Heads of Offices)

forwarded to the Accountant General, Andhra Pradesh, Hyderabad for necessary action.

2. The P.P. Account No. of Sri / Smt. /Kum.
as verified from the statements furnished to him/her from year to year is

3. He/ she is due to retire from Govt. service on

4. Certified that he/she had taken the following advances in respect of which
..... installments of Rs..... are yet to be recovered and credited to
the Fund Account. The details of the Part-final withdrawals granted to him/her are also indi-
cated below :

Temporary Advances. Part - final withdrawals.

1.

2.

3.

4.

5. Certified that the following amounts were withdrawn from his/her account to finance the
L.I.C. Policy.

Signature of the Head of
Office / Department.

PART - II

To,
The Accountant General,
Andhra Pradesh, Hyderabad.

(Through the Head of the Office / Department)

Sir,

In continuation of my earlier application dated for the final payment of G.P.F. balances,
I request that the entire balance at my credit with interest due under the rules may be paid to
me.

My G.P.F. Account with departmental suffix is

I have retired with effect from
request that the entire amount at the my credit with interest due under the rule may be
paid to me/transferred to

Signature:
Name:
Address :

(For use by Heads of Office)

Forwarded to the Accountant General, A.P., Hyderabad for necessary action In con-
tinuation of endorsement No. Dated

2(a) He/She has finally retired /will proceed on leave preparatory to retirement for
.....month/has been discharged/dismissed/has been permanently transferred
to has resigned finally from Govt. service has resigned service un-
der..... Govt. to take up appointment with effect from
..... FN./AN. He joined service with on Fn/An.

2(b) In the case of dismissal removal/discharge certified that the subscriber has
preferred/not preferred an appeal against dismissal removal / discharge. (If he has not
preferred an appeal the date of expiry of appeal time may be indicated, if he has pre-
ferred an appeal, the date of final orders may be specified.

3. The last fund deduction was made from his/her pay in this office bill No.....
dated.....for Rs..... Cash Vouchers
No.....of Treasury, the amount of deduction being
Rs..... and recovery on account ofrefund of
advance Rs.

4. Certified that he/she was neighter sanctioned any temporary advance or any
part final withdrawal from his/her P.f. account during the 12 months immediatly pro-
ceeding the date of his/her quitting service under Government / Pro-
ceeding on the leave preparatory to retirement or there after.

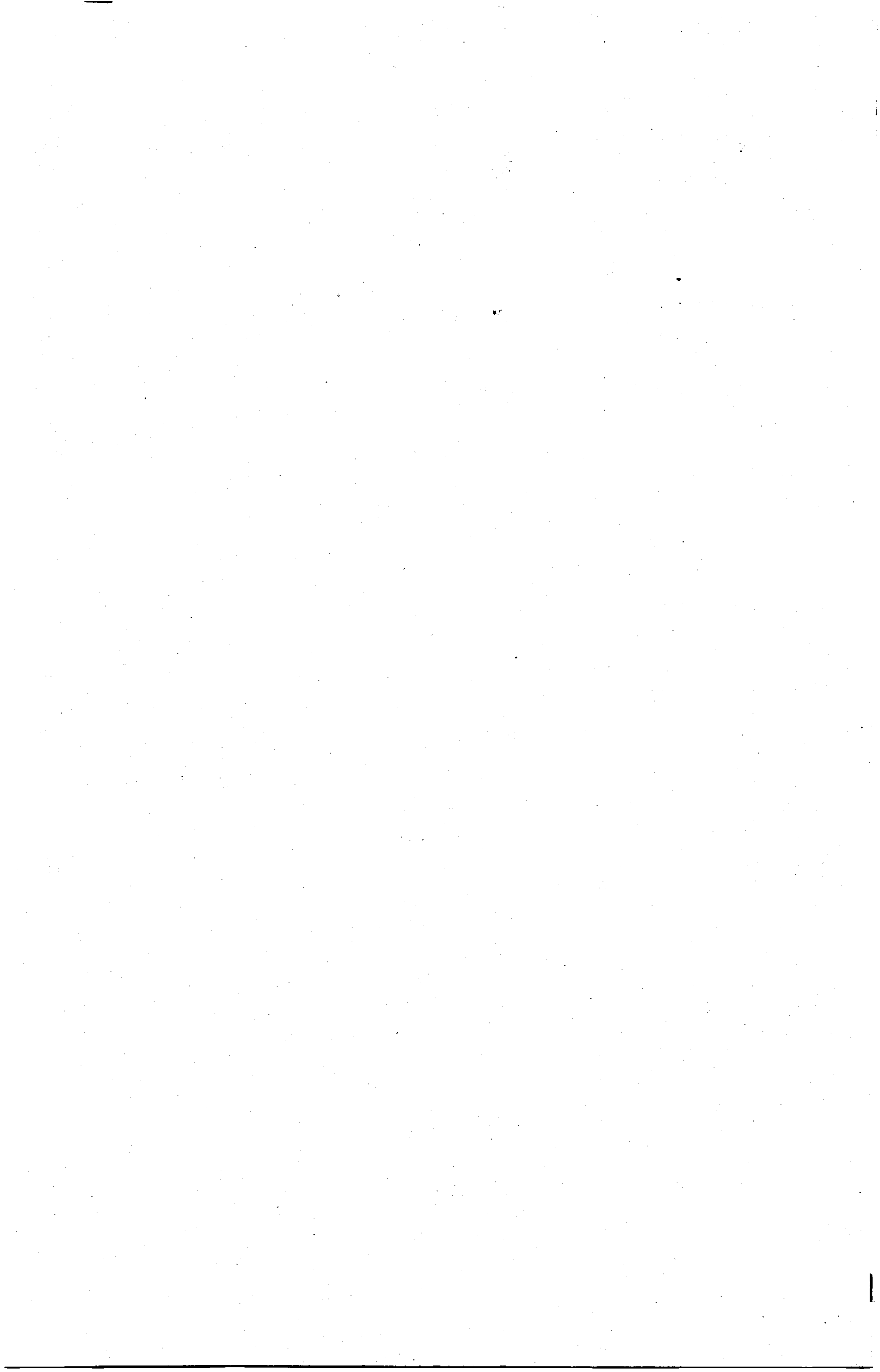
Certified that the following temporary advances/ Part final withdrawals were sanc-
tioned to him/her and drawn from his/her P.F. Account during the 12 months immediatly
proceeding the date of his/her quitting service under..... Government /
Proceeding on leave preparatory to retirement or thereafter. Amount of advance / Part
final withdrawal. date..... Cheque
No..... date Coucher No,.....

5. Certified the 10 amount was withdrawn/ the following amounts were withdrawn
from his/her P.F. account during the 12 months immediatly proceeding the the date of
his/her quitting service under..... Govt./ proceeding
on leave preparatory to retirement, or thereafter for payment of Insurance premia or for
the purchase of a new policy.
Amount..... Date..... Voucher No/Cheque No.

* Certified that he/she has not resigned from Govt. Service with prior permission of
the State govt. to take up an appointment in another Department of the State Govt. or
under the General Govt., under a body corporated owned or controlled by the State.

* Place Scrore out
If not necessary

Signature of Head of
Office / Department.



A.P.T.C. Form
A.P.T.C. Form 48
Bill for withdrawing
temporary advance
office of the

from the General Provident Fund
for Sri
for the month of

East Godavari District
Sub - Account No.

S.No.	Name, Designation and address of the Subscriber	Basic Pay	PF A/c. No.	Number and date of sanction letter of authority	Nature of final payments	Withdrawals advance	Other acquittance
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Deduction amount
short drawn in this
Bill, Net amount
required for payment.

2. Particulars of amounts refunded.

P.F. No.	Name of the subscriber and fund A/c. No.	Date of drawl	Signature of the Officer and Designation.	Particulars of amount drawn.
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Received contents.

Signature of the Drawing
Officer and Designation.

Signature of the Officer

Station : Kakinada.

Date:

Signature of Manager:

p.t.o.,

1. Certified that I have satisfied myself that all sums included in bills (Form-40 drawn month / 2 months/ 3 months / previously to this date in favour of M/s. A/c. No.: _____ to the exception of those details of which the total has been refunded by deduction to is bill have been disbursed to the proper persons and that their acquittance have been taken and filed in my office with receipts stamped duly cancels for every payment in process of Rs. 20/-
2. Certified that the balance in the fund of _____ my credit _____ on the date of withdrawl be credit of subscriber covers the sum drawn in the bill.
3. Certified that the policy No. _____ with amount _____ have already been assigned in the policies detailed below :
4. In favour of the Governor of AP and forwarded to the Accountant General, A.P. Hyderabad for Safe - Custody / the details of policy / policies proposed to be taken up have been communicated and accepted by the A.G./ Hyderabad in his letter No. _____

5. S.No.	Name of the subscriber With fund account	No.of Policy.	Name of the Company	Account of Premium	Due date of Premium	Stock No.

Certified that in respect of withdrawl mode in bills form 40-A 1 month / 2 months 3 months previous to this date towards payment of insurance premium the original premis receipt have been within 2 months of the date of withdrawl forwarded to the A.G. Hyderabad for security with the excepted _____ of those duly produced to relation to for Rs. _____ and that necessary endorsements have been made in the receipt to the effect that no adjustment of income tax is admissible.

