

**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,  
 Kurnool.

(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, Kurnool 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, Kurnool.

**FORM - 40A**  
( See Instruction 4(i) to (iii) under Treasury Rules 17 )  
**BILL FOR WITHDRAWAL FROM GENERAL AND OTHER PROVIDENT FUNDS**  
**ANNEXURE**

DISTRICT : **KURNOOL**  
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, Kurnool** 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 : \_\_\_\_\_  
Date : \_\_\_\_\_

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.

Chief Executive Officer,  
Zilla Praja Parishad, Kurnool

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

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