

**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,  
 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 Subscriber :: \_\_\_\_\_  
 ( IN CAPITAL LETTERS )
- 2) Employee Code :: 

--	--	--	--	--	--	--

  
 ( Issued by Treasury )
- 3) Designation & Office to which Attached :: \_\_\_\_\_  
 (Full Address with PIN Code) \_\_\_\_\_
- 4) Provident Fund Account Number :: 

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

--	--	--	--	--	--	--	--	--	--

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

--	--	--	--
- 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 : -----

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

The Final withdrawal application is forwarded to the Chief Executive Officer, Zilla Praja Parishad, Kurnool for authorizing the balance.

- 15) Certified that all the particulars furnished above have been verified with reference to office records and are found correct.
- 16) The last provident fund deduction Rs. \_\_\_\_\_ ( Rupees \_\_\_\_\_ only) was made from His / Her Pay for the month of \_\_\_\_\_vide this office Bill Token No. \_\_\_\_\_, Dated \_\_\_\_\_ of Sub Treasury \_\_\_\_\_ with GROSS Rs. \_\_\_\_\_ and the total amount of deduction towards ZPPF (contribution & refund of advance) is Rs. \_\_\_\_\_.
- 17) Details of Provident Fund deductions that were made from the subscribers salary during the last 12 months immediately proceeding the date of retirement ( in the proforma appended to G.O. Ms. No.216, dated:04.06.1986) are enclosed.
- 18) Certified that He / She was neither sanctioned any temporary advance nor any part-final withdrawal from His / Her provident fund account during the 12 months immediately proceeding the date of His / Her quitting service / Proceeding on leave preparatory to retirement or thereafter.
- ( or )**
- 19) Certified that the following temporary advance part-final withdrawals were sanctioned to Him / Her and drawn from His / Her Provident Fund Account during the 12 months immediately proceedings the date of His / Her quitting service / Proceeding on leave preparatory to retirement or thereafter.

Amount of Advance / Part Final Withdrawal Rs.	Proceedings R.C. No. and Date	Date of On-Line Adjustment / DD or Cheque Details

- 20) Certified that No Amount was withdrawn / The following amounts were withdrawn from His / Her provident fund account during the 12 months immediately proceeding the date of His / Her quitting service / Proceeding on leave preparatory to retirement or thereafter for payment of insurance premia or for the purchase of a new policy.

- 1) Policy No. and Name of Insurance Company.                                 ::   \_\_\_\_\_
- \_\_\_\_\_
- 2) Sum Assured   ::   **Rs.**
- 3) Particulars of Premia Paid from Provident Fund                                 ::   \_\_\_\_\_
- \_\_\_\_\_

Station :

**Yours faithfully,**

Date :

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

**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

**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 **FINAL PAYMENT** 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 :: **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.
				<b>CLOSURE</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 \_\_\_\_\_