

FORM 1

**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**

1. The General Provident Fund/Contributory Provident Fund Account Number of Sh./Smt./Ms. _____, Designation: _____, Employee ID: _____, as certified from the statements furnished to him/her from year to year, is _____.

2. He/She is due to retire from Government service/has proceeded on leave preparatory to retirement for _____ months/has been discharged/dissmised/has been permanently transferred to _____/has resigned finally from Government service on _____.

The Date of Retirement is _____.

3. Certified that he/she had taken the following advances in respect of which _____ installments of Rs. _____ each are outstanding.

<u>Amount of Temporary advances</u>	<u>Amount outstanding</u>
1 _____	_____
2 _____	_____

4. Details of the withdrawals granted to him/her in the current financial year are also indicated below-

<u>Amount of Final withdrawal</u>	<u>Date of withdrawal</u>
1 _____	_____
2 _____	_____

5. After adjusting the above withdrawals and advances, an amount of Rs. _____ standing to the credit in his/her Provident Fund Account is appearing in the ledger account.

6. The final payment be made after verifying the records.

Signature of Head of Office

Forwarded to the Pay and Accounts Officer (P.F. VI), GPF CELL, Delhi for necessary action.

Date:

Signature of Head of Office

PART - II

Forwarded to the Pay and Accounts Officer, GPF Cell, Vikas Bhawan-II, Old sectt., Delhi-110054 for necessary action.

1. The particulars furnished above have been duly verified.
2. The General Provident Fund/Contributory Provident Fund Account No. of Sh./Smt./Ms. _____, Designation _____, is _____.
3. The last fund deduction was made from his/her pay for the month of _____ drawn in this office Bill No. _____, dated _____ for Rs. _____ (Rupees _____ only), the amount of deduction being Rs. _____ and recovery, on account of refund of advance being Rs. _____.
4. Certified that he/she was neither sanctioned any temporary Advance nor any final Withdrawal from his/her Provident Fund Account during the 12 months immediately preceding his/her death/retirement.

OR

Certified that following temporary advances/final withdrawal was sanctioned to him/her from his/her Provident Fund Account during the 12 months immediately preceding his/her death/retirement.

S.No.	Advance/Withdrawal	Amount	Voucher No.
-------	--------------------	--------	-------------

5. Amount of Provident Fund Money standing to the credit of the subscriber at the time of his/her death/retirement is Rs. _____.

Date:

Signature of Head of Office