

COVERNMENT OF JHARKHAND

Department of Finance

| | Application for Final Payment/Transfer to Corporate Bodies/Other Government of |
|----------|---|
| | Balance in the |
| | Provident fund account. |
| To | FORM GPF – 10-B |
| Tele | Chief Accounts Officer, ecom Accounts, Patna. ough: The Head of the office. |
| Sir, | |
| 1. I am | Oto retireOhave retiredOhave proceeded on leave-preparatory to retirement for |
| month/ | have been discharged/ dismissed/ have been permanently transferred to |
| | have resigned finally from the Govt. service/ have |
| resigne | ed service under |
| Govt. to | o take up appointment with and |
| and my | resignation has been accepted with effect from |
| I join m | ny service with |
| on | ○forenoon ○afternoon Time (HH:MM) |
| 2. My F | Provident Fund Account No. is |
| 3. I des | sire to receive payment through my office/ through the |
| impress | ry/ Sub-treasury. Particulars of my personal marks of identification, left hand thumb and finger sion (in the case illiterate subscribers) and specimen signature (in the case of literate subscribers) in te. Duly attested by a gazetted officer of the Govt. 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 req | uest that the amount of Rs. /- attending to the credit in my G.P.F account as |
| indicate | ed in the Accounts – Statement issued to me for the year (enclosed)/as appearing in my |
| ledger | account being maintained by you |
| | sury OSub-treasury O Head of office, may please be arranged to be paid to me as first ment of final payment. |

| | | entic | ned Life | Insura | nce Po | licies w | ere be | eing finalized by me fi | rom my | Provid | dent |
|--|-----------|-------|--------------|---------|---------|---------------|--------|------------------------------|-----------|-----------------|------------------------|
| Fund Ac | count: | Po | licy Nun | nber | | | Nar | ne of Company | | • | Sum Isured |
| | | | | | | 1 | | | | | |
| 1. | | | | | | | | | | Rs. | /- |
| 2. | | | | | | | | | | Rs. | /- |
| 6. After subseque | | | | | - | | | nd balance I will applement. | y for the | e Payn | nent of |
| | | | | | | | | | | · · · | C:4 C II |
| | | | | | | | | | | Y our's Sign | s faithfully nature |
| Name | | | | | | | | | | | |
| | | | | | | | | | | | |
| Address | | | | | | | | | | | |
| | | | | | | | | | | | |
| Station : | | | | | | | | | | | |
| Date : | | | | | | | | | | | |
| (This app | plies on | ıly w | hen pay | | | _ | | head of the office.) | | | |
| 1 Famus | d a d 4 a | 41 | $C \wedge O$ | (| rok (| JSE DY | пе | AD OF OFFICE) | | | for N/Action. |
| Forwa The P | | | | unt No | Shri/S | Smt /Mis | 28) 28 | verified from the state | ement fi | ırnishe |] |
| from the | | | | | | 71110.7 17111 | 35 (45 | vermed from the state | | 41111011 | |
| 3. He/ Sl | he is du | ie to | retire fr | om Gov | rt Serv | ice on | | | | | |
| | | | | | | L | n resp | ect of which | | | |
| | | | | | | | | | j | nstaln | nents of |
| Rs. | | | | /- are | yet to | be reco | vered | and credited to the Fu | | | |
| The de | etails of | the | final wit | J | - | | | r are also indicated be | | | |
| | | | Tempo | rary Ad | vances | | | Final Withdrawal | | | |
| | 1. | Rs. | | | | /- | Rs. | | /- | | |
| | 2. | Rs. | | | |] /- | Rs. | |] /- | | |

| 5. Certified that the Insurance Policy: | following amounts we | re withdrawn fro | m his/ | her accou | nnt to finance the Life |
|---|--------------------------|-------------------|---------|------------|---|
| 1. Rs. | /- | | | | |
| 2. Rs. | /- | | | | |
| | | | 5 | Signature | of the Head of the Office |
| ` | who apply for final pay | • | tireme | | Part is also applicable in the ate of superannuation, |
| In continuation | on of my earlier applica | ation dated | | | for the first time after the |
| may be paid to me. | | or | | | ith interest due under the rules |
| transferred to | that the entire amount | at my credit with | interes | st due und | der the rules may be paid to me |
| | | | | | |
| | | | | | |
| | | | | | Signature |
| ame | | | | | |
| | | | | | |
| ddress | | | | | |
| | (FOR US | E BY HEAD OF | OFFI | CES) | |
| 1. Forwarded to the | Chief Accounts Office | er | | | |
| for monograms out | an/in continuation of a | and an an ant Na | | | |
| | on/ in continuation of e | endorsement No. | | | |
| dated | | | | | |
| | ly retired/ will proceed | | - | | |
| monuis/ nas been di | scharged/ dismissed fir | lany nom Govt. | Service | | Govt. to take up appointment |
| with | | | | | |
| With | | | | | and his/ her |
| | | | Resig | gnation ha | as been accepted with effect from |
| Ofo | renoon Oafternoon T | ime | Н | H:MM | He/ She joined service v |
| | | | | <u> </u> | on |
| ○forenoon ○aftern | noon Time | HH:MM | | | |

| PART – III | | | | | | | |
|---|--|--|--|--|--|--|--|
| 3. The last fund deduction has been made from his/ her pay in this office Bill No. | | | | | | | |
| dated for Rs. /- | | | | | | | |
| (Rs /-) | | | | | | | |
| cash voucher No. | | | | | | | |
| of recovery on account of refund of advance Rs. | | | | | | | |
| 4. Certified that he/ she was neither sanctioned any temporary Adv. or any final withdrawal from his/ her | | | | | | | |
| Provident Fund Account during the 12 months immediately proceeding the date of his/ her quiting service | | | | | | | |
| under Govt./ Proceeding on the | | | | | | | |
| leave- preparatory to retirement or thereafter. | | | | | | | |
| or | | | | | | | |
| Certified that the following temporary advance/final withdrawals were sanctioned to him/her and drawn | | | | | | | |
| from him/ her provident fund account during the 12 months immediately proceeding the date of his/ her | | | | | | | |
| quiting service under Govt./ Proceeding on leave. | | | | | | | |
| Amount of advance withdrawal Date Voucher No. | | | | | | | |
| 1. Rs. /- | | | | | | | |
| 2. Rs. /- | | | | | | | |
| 5. Certified that no amount was withdrawn/ following amounts were withdrawn from his/ her provident | | | | | | | |
| fund account the 12 months immediately proceeding the date of his/ her quitting service under | | | | | | | |
| Govt./ proceeding on leave preparatory | | | | | | | |
| to retirement or thereafter for payment of Insurance premium or for the purchase of new policy. | | | | | | | |
| Amount of advance withdrawal Date Voucher No. | | | | | | | |
| 1. Rs. /- | | | | | | | |
| 2. Rs/_ | | | | | | | |
| 6. It is certified that no demands/ following demands of Govt. are due for recovery. | | | | | | | |
| 7. Certified that he/ she has not resigned from Govt. service with prior permission of the Central | | | | | | | |
| Government to take up an applintment in another department of the Central Government or under a state | | | | | | | |
| Govt. or under a body corporate owned or controlled by the State. | | | | | | | |
| | | | | | | | |