

FORM GPF 10(A)
(FOR GAZETTED OFFICERS)
Form of Application for Final Payment/Transfer to Bodies corporate/Other
Governments of balance in the _____ Provident Fund A/c.

To,
The Accountant General

(Through the Head of office / Department or Office)

Sir,

1. I am due to retire / have retired / have proceeded on leave preparatory to retirement for _____months/ have been discharged / have been dismissed/ have been permanently transferred to _____have resigned finally from Government service under _____Government to take up appointment with _____ and my resignation has been accepted, with effect from _____Forenoon/Afternoon, I joined service with _____on forenoon/afternoon.
2. My provident Fund Account No. is _____.
3. My specimen signature in duplicate, duly attested by another Gazetted Officer is enclosed.

Part –I

(To be filed 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 General Provident Fund Account as indicated in the Accounts Statement issued to me for the year _____ (enclosed). as appearing in my ledger account being maintained by you, may please be arranged to be paid to me through _____Treasury/Sub-Treasury.
5. Certified that I had taken the following advances in respect of which _____installment of Rs. _____are yet to be repaid to the Fund Account. I had taken the following Final Withdrawals.

Sr. No.	Temporary Advances	Final Withdrawals
1		
2		
3		

6. Certified that the following amounts were withdrawn by me to finance my Life Insurance Policy from my Provident Fund Account.

1		
2		
3		

7. Certified that after the payment of first installment of my Provident Fund Balance , I will apply for the payment of the subsequent installments in Part –II of the form immediately on retirement.

**Signature of the subscriber:-
Name and Address**

**CERTIFICATE BY THE AUTHORITY SANCTIONING TEMPORARY ADVANCE FROM
PROVIDENT FUND ACCOUNT**

Certified that the above information has been verified from the records being maintained in this office and is correct.

**Signature of Head of Office or
Department with Signature,
Designation: -**

PART-II

In continuation of my application for final payment sent vide No. _____
Date _____ I request that the balance in my Provident Fund account may please
be paid to me.

OR

I request that the entire amount at my credit with interest due under the rules may be
paid to me through _____ Treasury/Sub-Treasury may be
transferred to my Provident Fund Account. My Provident Fund Account No is
_____.

- *5. A sum of Rs. _____ (Rupees _____)
was last deducted as Provident Fund subscription and recovery on account of refund
of advance from my bill for the month of _____ for Rs.
_____ encashed on
_____ at _____ Treasury/Sub-
Treasury.

6. I certify that I have neither drawn any temporary advance nor made any final withdrawal from my Provident Fund Account during the 12 months immediately preceding the date of my quitting service under

OR

Details of the Temporary Advances drawn by me/Final Withdrawals made by me from my Provident Fund Account during the 12 months preceding the date of my quitting service under _____--Government/proceeding on leave preparatory to retirement or thereafter are given below: -

Sr. No.	Amount of Advance	Date
1		
2		

* This Certificate indicates Treasury Voucher No. for quicker Payment.

7. I hereby certify that no amount was withdrawn/the following amounts were withdrawn by me from my Provident Fund Account during the 12 months immediately preceding the date of my quitting service under government/proceeding on leave preparatory to retirement or thereafter for payment of insurance premia or for the purchase of a new policy.

Sr. No.	Amount	Date
1		
2		

8. The particular of the Life Insurance Policies financed by me from the Provident Fund which are to be released by you, are given below:-

Sr. No.	Policy No.	Name of the Company	Sum Assured
1			
2			

Station: -
Date: -
Signature _____

Yours faithfully

(Name and Address)

Para 4 applies only when payment is desired at a treasury other than the one at the District Headquarters where the subscriber last served. Otherwise it may be struck out.

Certificate by the Authority sanctioning the Temporary Advances from the Provident Fund Account.

1. Forwarded in continuation of endorsement No. _____ dated _____

£1(a) It is certified after due verification with reference to the records in my office, that no temporary advance/final withdrawal was sanctioned to the applicant from his/her Provident Fund account during the 12 months immediately proceeding the date of his/her quitting service under _____ Government/Proceeding on leave priority to retirement or thereafter.

OR

£2. It is certified that after due verification with reference to the records in my office, that the following temporary Advances/Final Withdrawals were sanctioned to and drawn by the applicant from his/her provident fund account during 12 months immediately preceding the date of his/her quitting service under _____ Government/proceeding on leave preparatory to retirement or thereafter.

Sr. No.	Amount of Advance/Withdrawal	Date	Voucher No.
1			
2			
3			

£3. It is certified that no demands/following demands of Government are due for recovery.

4. Certified that he/she has not resigned from Government Service with prior permission of the Central Government to take up an appointment in another department of the Central Government or under State a Government or under a body corporated owned or controlled by the State.

**(Signature of the head
of the Office/
Department with
signature Designation.)**

£ Certificate No. 3 to be farmed the case of Contributory Provident Fund only.

£ Please score out if not necessary.

Note:- The Certificate referred to is to be signed by the Authority Competent to sanction the Advance for grant of which special reasons are not required after duly ascertaining the Advances if any sanctioned by the Authorities mentioned in the table as per Para 2 of the fifth Schedule of Bombay General Provident Fund Rules.

NINTH SCHEDULE
(See Rule-31)

Check List to be attached to the General Provident Fund final payment applications by the Head of Offices/ Departments after indicating compliance against each item.

1. Prescribed Form: -

(1) Whether Final payment application is in the Prescribed Form- 10 A (Gazetted Officer, 10-B (Non Gazetted Officer). 10-C (Death Cases).

2. Name: -

3. Designation: -

4. Birth Date: -

5. Date of Joining Service: -

2. Particulars to be filled in by the subscriber/claimants and Head of Office.

(a) If Form 10-A or 10-B

(1) Whether the event, Fund Account Number and place of payment have been correctly shown against para No. 1,2 and 3 of application by the subscriber.

(2) Whether Para 2 of the portion for use by Heads of Offices regarding event has been correctly and completely filled in.

(3) Whether last Fund deduction has been correctly shown in Para 3 with all relevant details.

(4) Whether the subscriber had opted for discontinuing his General Provident Fund subscription six months prior to date of his retirement and the month from which actually discontinued have been shown correctly under Para 3.

(5) Whether certificate of non-withdrawals of Temporary Advance/ Part Final Withdrawals has been correctly given or the details of Temporary Advances and Part Final Withdrawals during last 12 months have been fully recorded after the due verification vide Para 4 and 5 of the form.

(6) In case of resignation (Para 7) for taking up appointment in another department etc. whether full details as to the office, where to be appointed and designation etc. have been brought out.

(b) If Form 10-C

(1) Whether particulars against Sr. No. 1 to 7 have been correctly filled in and a certified copy of death certificate has been sent.

(2) Whether required details of nominees have been correctly given against Sr. No. 8 & 9 of the form.

- (3) If no nomination whether details of surviving members of the family as on the date of death are fully recorded against Sr. No. 10 and whether for a Non-Hindu minors share, indemnity Bond or Guardianship Certificates are attached.(vide Sr. No. 11).
- (4) If no nomination and also no family member whether letters of probate or succession certificate etc. have been produced by the claimant.
- (5) For payments through Treasury whether personal marks of identification/ left hand thumb impression and specimen signatures accompany the application.
- (6) Whether full residential address of the claimant has been recorded.
- (7) Whether the portion to be filled in by Head of Office vide Para No. 2,3,4 have been correctly filled in and whether full details of temporary Advances/ Part Final Withdrawals sanctioned and drawn during last 12 months have been recorded after verification (vide para 5 of the form).

3. Other Special Requirements

- (a) For Deposit Linked Insurance Scheme.

(1) Whether death occurred while in service or after retirement/ resignation etc.

- (b) If payment desired outside Gujarat.

(1) Whether name of the Branch of State Banks of India and its full postal address (For drawal of Demand Draft) indicated.

(2) Whether advance stamped Receipt for the General Provident Fund Balance obtained and kept with application.

Certified that I have satisfied myself personally about the accuracy and correctness of the compliance indicated in the check list.

Signature:

Name in Block Letters: -

**Head of Office/ Department
with designation and clear
postal address.**