

**FORM - 'B'**

(For employees of Class III and IV Services)  
**FORM OF APPLICATION FOR FINAL PAYMENT OF BALANCES IN THE ANDHRA PRADESH  
 STATE ELETRICITY BOARD GENERAL PROVIDENT FUND ACCOUNT ONLY.**

To  
**The Chief General Manager (Expr.),  
 APNPDCL, Corporate Office,  
 WARANGAL.**

Through \_\_\_\_\_(the Head of Office)

Sir,

I am due to retire / have retired / have proceeded on leave preparatory to retirement for months / have been discharged / dismissed / compulsorily retired / invalidated / have been discharged / dismissed/compulsorily retired / invalidated / have resigned finally from Board's service and my resignation has been accepted with effect from \_\_\_\_\_ forenoon / afternoon.

2. My Provident Fund Account No. with department suffix is \_\_\_\_\_.
3. My specimen signature, in duplicate attested by another employee of class I and II is enclosed.

**PART – I**

( To be filled in when the application for the final payment is submitted up to one year prior to retirement. )

4. I request that the amount of Rs. \_\_\_\_\_ standing to credit in my G.P.F. 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 Drawing Officer \_\_\_\_\_.

5. (A) The under mentioned Life Insurance Polices were being financed by me from my Provident Fund Account.

Policy No.	Name of the Insurance	Sum assured
1.		
2.		
3.		

- 1.
- 2.
- 3.

(B) (1) Whether the joint tenant is alive. Yes/No.  
 (2) Premia paid without break (if not details of years in which it was not drawn may be furnished) Yes/No.  
 (3) Years in which the first and that last withdrawals have been Made towards the above policies. Yes/No.

**Contd....2**

6. After payment of the first installment of my Provident Fund balance, I will apply for the payment of subsequent installments in Para – II of the Form immediately on retirement.

Yours faithfully,

Station : Signature :  
Name :

Date : Address :

This applies only when payment is not desired through the Head of Office.

**( FOR USE BY HEADS OF OFFICES )**

Forwarded to the Chief General Manager (Expr.) / NPDCL / Warangal for necessary action.

2. The Provident Fund Account No. of Shri / Smt. / Kumari \_\_\_\_\_  
(as verified from the statements furnished to him/her from year to year is  
Rs. \_\_\_\_\_ for the year \_\_\_\_\_.

3. He/She is due to retire from Board Service on \_\_\_\_\_.

4. Certified that he/she had taken the following advances in respect of which installments of Rs. \_\_\_\_\_ are yet to be recovered and credited to the Fund Account. The details of the part final withdrawals granted to him/her are also indicated below :-

	Temporary Advances	Part – Final Withdrawals.
1.		
2.		
3.		
4.		

**CERTIFICATE BY THE HEAD OF OFFICE/DEPARTMENT**

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

***Signature of Head of Office/  
Department.***

Contd.....3

**PART – II**

To

**The Chief General Manager (Expr.),  
APNPDCL, Corporate Office,  
Warangal.**

Through \_\_\_\_\_ (The Head of Office)

Sir,

In continuation of my application for final payment sent to you vide No. \_\_\_\_\_ Date \_\_\_\_\_. I requested that the balance in my Provident fund account may please be paid to me.

**OR**

I requested that the entire amount at my credit with interest due under the rules may be paid to me through my office station may be transferred to my Provident Fund Account is \_\_\_\_\_

My G.P.F. Account No. with department suffix is \_\_\_\_\_

I have retired with effect from \_\_\_\_\_

**OR**

I request that the entire amount at my credit with interest due under the rules may be paid to me/transferred to AB - \_\_\_\_\_.

Signature :

Name :

Address :

**( FOR USE BY HEADS OF OFFICE )**

Forwarded to the Chief General Manager (Expr.)/NPDCL/Warangal for necessary action in continuation of Endorsement No.

2. (a) He/She has to finally retire/will proceed on leave preparatory to retirement for \_\_\_\_\_ month/has been discharged/dismissed/has been permanently transferred to \_\_\_\_\_/has resigned finally from Board/Service/has resigned service under \_\_\_\_\_ Board to take up appointment with \_\_\_\_\_ and his/her resignation has been accepted with effect from forenoon/afternoon. He joined service with \_\_\_\_\_ on \_\_\_\_\_ forenoon/afternoon.

(b) In the case of dismissal/removal/discharge certified that the subscriber has preferred/not preferred an appeal against dismissal/removal/discharge. (if he has not preferred on appeal the date of expiry of appeal time may be indicated, if he has preferred an appeal, the date of final orders may be specified).

**Contd .... 4**

3. The last fund deduction was made from his/her pay in this office Bill No. \_\_\_\_\_ Dt. \_\_\_\_\_ for Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ Only) Cash voucher No. \_\_\_\_\_ office station, the amount of deduction being Rs. \_\_\_\_\_ and recovery on account of refund of advance Rs. \_\_\_\_\_.

4. Certified that he/she was neither sanctioned any temporary advance or any part final withdrawal from his/her Provident Funds account during the 12 months immediately preceding the date of his/her quitting service under \_\_\_\_\_ Board proceeding on the leave preparatory to retirement or thereafter.

**OR**

Certified that the following Temporary Advances/Part Final withdrawals were sanctioned to him/her and drawn from his/her Provident Fund account during the 12 months immediately preceding the date of his/her quitting service under.

1.	Amount of Advance	Date	Vocher No./Cheque No.
2.			
3.			

5. Certified that no amounts was withdrawn/the following amounts were withdrawn from his/her Provident Fund account during the 12 month immediately preceding the date of his/her quitting service under Government/preceeding on leave preparatory to retirement or thereafter for payment of insurance premia or for the purchase of a new policy.

1.	Amount	Date	Vocher No./Cheque No.
2.			
3.			

6. Certified that he/she has not resigned from Board with prior permission of the A.P.S.E.Board to take up an appointment in another Department of the State Board or under A Central Government or under a body corporate owned or controlled by the State.

(Signature of the Head of Office)

\_\_\_\_\_ @Certificate No.3 to be furnished in the case of employees who were dismissed/removed/compulsorily retired/invalided from service.

**Contd ... 5**

GPF Subscription recovery particulars in respect of Sri \_\_\_\_\_

Retiring/Retired on \_\_\_\_\_ G.P.F.A/c.No. \_\_\_\_\_

Month	Subscription	Others	Total	CBVr. No.
-------	--------------	--------	-------	-----------

C.B. as per G.P.F. Slip for the year .....

Specimen Signature of

---

---

---

1).

2).

3).

**ATTESTED**

**Contd.....7**

**UNDERTAKING FOR RECOVERY OF EXCESS PAYMENT**

I am to certify that, if any excess amount paid to me towards GPF final claim in respect of my GPF A/c. No. AB - \_\_\_\_\_ is found in later date, such entire amount will be paid in lump sum along with interest to the APNPDCL/Warangal.

Name :  
Desg :  
O/o. :