

FORM 'C'

FORM OF APPLICATION FOR FINAL PAYMENT OF BALANCES IN THE CASE OF GENERAL PROVIDENT FUND ACCOUNT OF A SUBSCRIBER TO BE USED BY THE NOMINEES OR ANY OTHER CLAIMANTS WHERE NO NOMINATION SUBSISTS.

TO

**The Superintending Engineer,
Operation, Warangal.**

"Through"

Sir,

It is requested that arrangements may kindly be made for the payment of the accumulation in Provident Fund Accounts of Sri.....

.....

The necessary particulars required in this connection are given below.

- 1. Name of the Board Employee**
- 2. Date of Birth**
- 3. Post held by the Board Employee**
- 4. Date of entry into service**
- 5. Date of Death**
- 6. Proof of death in the form of a death Certificate issued by the Municipal Authorities etc., if available.**
- 7. Provident Fund Account No. Allotted to the subscriber.**
- 8. Amount of provident Fund Money Standing to the credit of the subscriber At the time of death, if known.**
- 9. Details of the nominees alive on the Date of the death of the subscriber If a nomination subsists.**

Sl.NO.	Name	Relationship with the subscriber	Share of Nominee
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10. In case the nomination is in favour of a person other than a member of the family the details of the family if the subscriber subsequently acquired a family.

Sl.NO.	Name	Relationship with the subscriber	Age on the date of Death
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- i.
- ii.

11. In case no nomination subsists, the details of the surviving members of the family on the date of death of the subscriber. In the case of a daughter or a daughter of deceased son of the subscriber, married before the death of the subscriber, it should be stated against her name whether her husband was alive on the date of death of the subscriber.

Sl.NO.	Name	Relationship with the subscriber	Age on the date of Death
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- i.
- ii.

12. In the case of amount due to a minor child whose mother (widow of subscriber) is not a Hindu, the claim should be supported by Indemnity Bond or Guardianship Certificate as the case may be.)

13. If the subscriber has left no family and no nomination subsist, the name of person to whom the provident fund money is payable(to be supported by letters of probate or succession certificate etc.)

Sl.NO.	Name	Relationship with the subscriber	Age on the date of Death
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- i.
- ii.

14. Religion of the claimant (S)

15. The payment is desired through my office station. In this connection the following documents duly attested by a Class-I, Class-II of Board employee in service.

i) Personal marks of identification

Signature of Nominee.....

Name of Nominee :.....

Address:.....

.....

.....

For use of Head of Office / Department.

1. Forwarded to the _____ for necessary action.
The particulars furnished above have been duly verified.
2. The Provident Fund Account No.....of Sri /Smt.....
(As verified from the annual statement furnished to him/her is RS. _____ /-)
3. He/she died on.....A death certificate issued by the Municipal Authorities has been produced is not required in this case as there is no doubt about his/her death.
4. The last fund deduction was made from him/her pay for the month of
Drawn in this office bills No.....dated.....for
Rs. /-(Rupees.....)
Cash Voucher No..... the Amount of deducting being and recovery on
account of refund of advance Rs.....
5. (a) Certified that he/she was neither sanctioned any temporary advance not any part final withdrawal from hi/her provident fund account during the 12 months immediately proceeding the date of his/her death.

OR

(b) Certified that the following temporary advances/part final withdrawals were sanctioned to him/her and drawn from his/her provident fund account/during 12 months immediately Preceding the date of his/her death.

Amount of advance/Part Final withdrawal	Date and place of encashment	Voucher NO./ Cheque NO.
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1.

2.

6. Certified that no amount was withdrawn the following amount were withdrawn from his/her provident fund account during the 12 months immediately preceding the date of his/her death for payment insurance premia or for the purchase of a new policy.

Policy NO. and name of the insurance.	Date and place Of encashment	Voucher NO./ Cheque NO.
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1.

2.

7. It is certified that no advance/following advance(S) is/are sanctioned in terms of A.P.S.E.Board General Provident Fund Regulations.

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

GPF Subscription recovery particulars in respect of Sri _____

Retiring/Retired on _____ G.P.F./c.No. _____

Month	Subscription	Others	Total	CBVr. No.
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C.B. as per G.P.F. Slip for the year

Specimen Signature of .

1).

2).

3).

ATTESTED

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 husband Sri..... bearing GPF A/c. No..... is found in later date, such entire amount will be paid in lump sum along with interest to the APNPDCL/ Warangal.

Signature :

Name :

W/o. Late Sri