

**FORM OF APPLICATION FOR FINAL PAYMENT OF GENERAL PROVIDENT  
FUND BALANCE**

(Retirement/ Resignation/ Removal/ Transfer of Balance or Death cases)  
(to be filled by the applicant)

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**To**  
**The Accountant General (A & E)**  
**Telangana**  
**Hyderabad.**

(Through the Head of Office in case of Non-gazetted and  
through the Head of the Department in case of Gazetted Officers)

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1. Name of the Subscriber :  
(in Capital letters)
2. Date of Birth :
3. Designation and Office to with :  
Attached.
4. G P F A/c No. with :  
Departmental suffix
5. Residential address of :  
The claimant.
6. Copy of the latest A/C. slip :  
is enclosed
7. i) Date of Retirement :  
or  
ii) Date of Resignation :  
or  
iii) Date of Voluntary Retirement :  
or  
iv) Date of Dismissal/ Removal/  
Compulsory Retirement/ Invalidation:

8. Particulars of Offices worked during the last three years:

Sl No.	Name of the Office worked	Address	Worked during the period		Designation
			From	To	
1	2	3	4	5	6
1.	<b>Directorate of Economics &amp; Statistics, Hyderabad</b>	<b>Directorate of Economics &amp; Statistics, Hyderabad</b>			
2.					
3.					

9. Office/ Treasury at which  
Payment is desired

: **Pay and Accounts Office**  
**B .R .K. Bhavan**  
**Government of Andhra Pradesh**  
**Tank Bund Road**  
**Hyderabad**

10. If Payment is desired outside  
the Place of the last duty, enclose  
the following documents:

- a) personal marks of Identification :
- b) Two Specimen signatures :
- c) Left/ Right Hand thumb impression :  
(in case of illiterate claimants)

11. Certificates:

i) I have not resigned from Government Service to take up appointment in another Department of State Government/ Central Government or under a body, Corporate owned or controlled by the State or Central Government.

Note: This Certificate is to be furnished by a subscriber who resigned from Government Service. If resigned to take up appointment elsewhere, the information regarding transfer of balance may be given in the form prescribed in the Annexure.

ii) I hereby undertake that no appeal shall be preferred by me against my dismissal/ removal/ compulsory/ retirement/ invalidation.  
(This Certificate is to be furnished only in case of dismissal/ removal/ compulsory/ retirement/ invalidation)

iii) I hereby undertake to refund any excess payment arising out of clerical error in the settlement of G.P.F claim.

12. In case of death, the following particulars may be furnished:

a) Date of Death : Does not arise  
(Copy of death certificate to be enclosed)

b) Religion of deceased  
Government Servant :

c) Details of the surviving members of the family on the date of the subscriber are furnished:

Sl. No.	Name	Relationship with the subscriber	Date of Death	Marital status on date of Death of the subscriber
1	2	3	4	5

Place: Hyderabad  
Date:

Signature of the Subscriber/  
Claimant.

**(For the use of the Head of the Office/ Head of Department)**

The final withdrawal application is forwarded to the Accountant General, Andhra Pradesh, Hyderabad for authorizing the balance.

13. Certified that all the particulars furnished above have been verified with the reference to the Office records and are found correct.
14. The last fund deduction was made from his/ her pay for the month of ----- vide this Office **Token no.**----- for **Rs.**-----/- **(Gross) and Rs.**-----/- **(net) and Cheque no.**-----, **Dt.**----- PAO., Hyderabad, the amount of deduction towards G.P.F subscription being **Rs.**-----/- **(Rupees ----- ONLY)** and recovery on account of refund of advance of Rs.
15. Details of G.P.F deduction made from the subscriber's salary during the last twelve (12) months immediately preceding the date of retirement (in the proforma appended to G.O. Ms. No.216, Dt.04.06.1986) are enclosed.
16. Certified that he/ she was neither sanctioned any temporary advance nor any part final withdrawal from his/ her Provident Fund Account during the last twelve (12) months immediately preceding the date of his/ her quitting Service/ preceding on leave preparatory to retirement or thereafter.

**Or**

17. Certified that the following temporary advance or part final withdrawals were sanctioned to him/ her and drawn from his/ her Provident Fund Account during the last twelve (12) months immediately preceding the date of his/ her quitting Service/ preceding on leave preparatory to retirement or thereafter:

SI No.	Amount of advance/ part final withdrawal	Token no.	Cheque no and date
1	2	3	4

18. Certified that no amount was withdrawn/ the following amounts were withdrawn from his/ her Provident Fund Account during the last twelve (12) months immediately preceding the date of his/ her quitting Service/ preceding on leave preparatory to retirement or thereafter for payment of Insurance premium or for the purchase of a new policy:

1. Policy no and  
Name of Insurance Policy :
2. Sum assured :
3. Particulars of premia paid from G.P.F :

Station: Hyderabad

Yours faithfully,

Date:

**STATEMENT SHOWING DEDUCTIONS FROM G. P. F.**

In respect of

Account No:

Office of the :

Sl. No.	Month/Year	GPF Contribution	Gross amount of the Bill	Net amount of the Bill	Token No. & Date	Cheque No & Date	Remarks
1	As per GPF Slip						
2	March-						
3	April-						
4	May-						
5	June-						
6	July-						
7	Aug-						
8	Sept-						
9	Oct-						
10	Nov-						
11	Dec-						
12	Jan-						
13	Feb-						
14	Mar-						
	DA						
	DA						
	Total						