# **ANNEXURE-I**

## FORM FOR FINAL PAYMENT OF G.P.FUND ACCOMULATION

1. **Name (with father;s name) and**

**designation of the retired/deceased**

**etc., Government servant.**

1. **G.P. Fund Account No. (s) assigned**

**by the Audit Office from time to time.**

1. **The actual date, forenoon or afternoon**

**of retirement, death, resignation,**

**discharged or dismissal.**

**4. a. In case of resignation, whether**

**the resignation has been accepted.**

1. **In case of discharge, the reason for**

**the same should be stated.**

1. **In case of dismissal, whether the**

**officer has filed or intends to file**

**an appeal.**

1. **If no appeal has been filed yet, the**

**date on which the period of appeal**

**will expire.**

1. **If the appeal has been rejected, the**

**date of rejection.**

1. **In case the subscriber proceeds on**

**leave preparatory to retirement and**

**desires payment during the period of**

**such leave the date of commencement**

**of the leave.**

**5. Name, age, relationship of the Nominee**

**(in case of death of subscriber).**

1. **Date of nomination.**
2. **Whether the subscriber married after the**

**submission of his nomination.**

1. **A certificate from the drawing authority**

**stating whether any advance from the**

**fund was granted to the subscriber**

**during previous 12 months and if so full**

**particulars of the advance may be stated.**

**In case of gazetted officers, it should be**

**furnished by the sanctioning authority. P.T.O.**

**From over-leaf.**

**- (2) -**

1. **Amount of 1st (if known) and last fund**

**deduction. Gross and net amount of the**

**bill. Cheque No/Token No/ and date (in**

**case of bills presented to Treasuries).**

**10. Treasury at which payment of the provident**

**fund money is desired alongwith personal**

**marks of identification, left hand thumb and**

**finger impression and signature(all in triplicate)**

**duly attested by a Gazetted Officer.**

**11. No. and date of insurance policy and name of**

**the Company, if policy, was financed from**

**G.P.Fund.**

**12. Application in original by the subscriber**

**for final payment.**

**13. If nomination was made by the subscriber or a**

**valid nomination does not exist a list of his**

**family members as defined in Rules who are**

**entitled to participate in the money. Showing their**

**names ,age (s) relationship, marital status, etc.**

**together with their application in original for the**

**refund is enclosed.( in case of minors, the application**

**should be from their legal guardian). In case, no**

**family member is alive, succession certificate from**

**the civil court may be furnished where necessary.**

**Signature ( )**

**Applicant Name/Designation**

**Secretary**

**D.D.O**