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Form of Application for Final Payment of Balance in the Contributory/General Provident Fund Accounts

(Please read instructions before filling the form)

1. Name and designation of the subscriber and the office to which attached.
 - (a) Permanent Home address of the subscriber.
2. Provident Fund Account No.
3. (i) The date of first appointment of subscriber.
 - (ii) Name of the unit (ie MP, MB, VP or BES) to which the subscriber was belonging.
 - (iii) The actual date of retirement, dismissal, resignation or discharge.
 - (score out the item not applicable)
 - (a) In case of resignation it should be stated whether the resignation has been accepted.
 - (b) In case of discharge the reason for the same should be stated.
 - (c) In case of retirement a copy of the order should be enclosed.
 - (iv) Length of service of the subscriber.

Years..... Months..... days.....
4. The details of advance if any sanctioned to the subscriber by the F. A. & C. A. O., M. P. E. B. Jabalpur should be given.
 - (a) Month in which granted.....
 - (b) Amount of advance granted..... Rs.:
 - (c) Rate of instalments..... (%)
 - (d) Number of instalments recovered.....
 - (e) Number of instalments due to be recovered.....
5. Is the subscriber on leave preparatory to retirement? If so, the date from which such leave commenced.....
6. Details of Life Insurance policies financed from G/CPE.....

(Consent of the Subscriber)

I, have no objection if any outstanding dues is deducted from my G/CPE accumulation.

Station.....

(To be used by the Head of the Office)

Endt. No.....

dated.....

Forwarded to the Regional Accounts Officer, M. P. Electricity Board,.....

2. I certify that Nothing is outstanding
the following amounts are outstanding

against Shri.....which may please be recovered
from his G/CPF deposits.

The details of recovery

- (a)
- (b)
- (c)

Signature of the Head of the
Office

(TO BE USED BY THE REGIONAL ACCOUNTS OFFICER)

Endt.....

dated.....

Submitted to the F. A. & Chief Accounts Officer, M. P. Electricity Board, Jabalpur.

2. I certify that Nothing is outstanding
the following amounts are outstanding

against Shri.....which may please be recovered
from his G/CP Fund deposits.

The details of recovery

- (a)
- (b)
- (c)

REGIONAL ACCOUNTS OFFICER
M. P. ELECTRICITY BOARD

**FORM OF APPLICATION FOR FINAL WITHDRAWAL OF
G/G/P/F FUND ACCUMULATIONS**

General Instructions :--

- (1) The application should be treated as **urgent** by all concerned at all stages.
- (2) When the applicant is a **Gazetted Officer** of the Board, he should fill in all items in the form and send it to his administrative superior.
- (3) When applicant is non **Gazetted Board's servant**, the **Head of the office** in which the subscriber has worked should fill in the form.
- (4) After carefully furnishing the necessary information the **HEAD OF THE OFFICE** should forward the application to the **REGIONAL ACCOUNTS OFFICER**, of the region who will submit to the **F. A. & Chief Accounts Officer, M. P. Elec. Board, Jabalpur**, after filling in his portion.

Madhya Pradesh Electricity Board

G. T. I. S.

Final withdrawal application form towards Group Term Insurance Cum Salary Scheme for Board's Retired / Resignation / Terminated etc. Employees, Master Policy No. GI/60017.

(Please read carefully all the Instructions before filling this Form)

1. Full Name of the Employee
 2. Father's / Husbands Name
 3. Designation
 4. Office to which attached
 5. Provident Fund A/c. No.
 6. Date of Birth
 7. Date of 1st Appointment in Regular Esstt
 8. Date of Ret. / Resign. / Term. etc.
 9. Cause Exit.
 10. Rate of Contribution at the time of Exit.
 11. Date(s) of change(s) in the rate of contribution, if any.
Month Years
 12. Particulars of contribution if any not deducted from salary.
Month Years
 13. Amount Claimed (Left blanks)
 14. Full Address of the Employee (Current address)
- Date :
- Place :

(Signature of the Employee)

(FOR USE OF HEAD OF THE OFFICE)

Endt. No.

Date

Forwarded to the Chief Accounts Officer MPEB, Jabalpur for settlement of Final Payment towards G.I.S. in respect of Sri/Smt./Ku.

(Signature of the Head of the Office
alongwith Rubber Stamp)

INSTRUCTION :—

Certified that after verification of service Book and other relevant records, deduction toward: Group Term insurance Cum-Saving Scheme :—

- ** @ Rs. 5/-p.m. w.e.f. ----- to ----- (*)
- ** @ Rs. 10/-p.m. w.e.f. ----- to ----- (*)
- ** @ Rs. 20/-p.m. w.e.f. ----- to ----- (*)
- ** @ Rs. 30/-p.m. w.e.f. ----- to ----- (*)
- ** @ Rs. 40/-p.m. w.e.f. ----- to ----- (*)
- ** @ Rs. 50/-p.m. w.e.f. ----- to ----- (*)
- ** @ Rrs 20/- p.m w.e.f. ----- to ----- (*)

was regularly made from the bills of Shri ----- S/O ----- except for the period from (*) ----- to ----- (*) during the period he was on leave without pay and allowances.

Deduction of GIS not made - w.e.f. (*) ----- to (*) ----- w.e.f (*) ----- to (*) -----

Change of Category (from Rs. 5/- to Rs. 10/- for the claims upto 8-3-1986), -----

Reason of change of category : -----

Expired on -----

Retired/Resigned/Termination on -----

1. This amount of Rs ----- for the L.W.P. period from (*) ----- to ----- (*) has subsequently been recovered from his future salary bill in the month of ----- through pay bill Vr No. ----- dt. -----
2. The subscription for the L. W. P. period from (*) ----- to ----- (*) for Rs. ----- has been paid from Board's fund as per C.R.A. No. ----- dt. ----- Vr. No. ----- dt. ----- to R.A.O.
3. The arrears of subscription for Rs. ----- which was outstanding to be recovered for the period from (*) ----- to ----- (*) has been adjusted from the payment of DCRG/PF etc. to R.A.O vide Vr. No. ----- dt. -----

DRAWING AND DISBURSING OFFIER (With Rubber Stamp)

(e) Indicated showing the period in months and year only for example 10/76 to 01/86.
 (*) Strik-out which is not necessary.
 (*) For Class-II Employees promoted from Class-III & Class IV post only.

वचन पत्र (UNDERTAKING)

मैं (नाम)..... पुत्र/पुत्री
श्री पूरा स्थाई पता
..... यह वचन देता/देती
हूँ कि मेरी सेवानिवृत्ति दिनांक के पश्चात् भविष्य निधि अंतिम भुगतान राशि प्राप्त होने वाली है।

अथवा

मैं (नाम)..... पुत्र/पुत्री
श्री पूरा स्थाई पता
..... यह वचन देता/देती
हूँ कि मेरे पिता/माता/..... जो कार्यालय
..... में पद पर कार्यरत थे और जिनकी मृत्यु सेवाकाल में दिनांक को हो गई है उनकी भविष्य निधि अंतिम भुगतान राशि मुझे प्राप्त होने वाली है।

वह यदि भविष्य में यह पाया जाता है कि मुझे भविष्य निधि के अंतर्गत भुगतान की गई राशि का किसी कारण से अधिक भुगतान हो गया है, तो इस संबंध में सूचना प्राप्त होते ही अधिक भुगतान प्राप्त की गई राशि ब्याज सहित वापिस कर दूंगा/दूंगी। मैं यह भी वचन देता/देती हूँ कि यदि मांगी गई राशि निश्चित समयावधि, जो कि उक्त सूचना प्राप्ति से 15 दिन की होगी, में भुगतान करने में असमर्थ रहता/रहती हूँ तो अधिक भुगतान की गई राशि मेरी मासिक पेंशन/परिवार पेंशन के साथ प्रदान की जा रही पेंशन राहत एवं अन्य देय भुगतान में से काटी जा सकेगी, इस देय राशि की वापसी के लिये मैं अपने उत्तराधिकारियों, निष्पादकों/प्रतिनिधियों को आबाध करता/करती हूँ जिस पर मुझे एवं मेरे वारसानों को कोई आपत्ति नहीं होगी।

स्थान.....

दिनांक.....

हस्ताक्षर

नाम.....

गवाह—

(1) हस्ताक्षर
नाम
पिता/पति
पता

(2) हस्ताक्षर

नाम

कार्यालय प्रमुख—प्रतिहस्ताक्षर