



FAKIR MOHAN UNIVERSITY

VYASA VIHAR, NUAPADHI, BALASORE - 20

Phone: (06782) - 275768, Fax (06782) - 275768

Schedule LIII - Form No. 198

FORM OF APPLICATION FOR FINAL PAYMENT / TRANSFER TO BODIES CORPORATE OTHER GOVERNMENTS OF BALANCES IN THEPROVIDENT FUND ACCOUNT

To

The Accountant-General,

.....

(Through the Head of Office/Department)

Sir,

I am due to retire/have retired/have proceeded on leave preparatory to retirement formonths has been discharged/ dismissed/have permanently transferred tohave resigned finally from Government service/has resigned under.....Government to take up appointment withand my resignation has been accepted, with effect from.....forenoon/afternoon. I joined in service withon forenoon/afternoon.

1. My Provident Fund Account Number is
2. My specimen signature in duplicate, duly attested by another Gazetted Officer is enclosed.

PART-I

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

3. I request that the amount of Rs.....(Rupees.....) standing to the credit in my G.P.F. Account as indicated in the Accounts Statement issued to me for the yearenclosed/as appearing in my ledger account being maintained by you, may please be arranged to be paid to me as first installment of final payment throughTreasury/Sub-Treasury.

4. Certified that I had taken the following advances in respect of whichinstallment of Rs..... (Rupees.....) are yet to be repaid to theFund Account. I had taken the following final withdrawals:

Temporary advances

Final withdrawals

- 1.
- 2.
- 3.
- 4.

Certified that the following amounts were withdrawn by me to finance my Life Insurance policy from my Provident Fund Account.

Policy No.	Name of the Company	Sum assured
1.		
2.		
3.		
4.		

6. Certified that after the payment of first installment of my Provident Fund balance, I will apply for the payment of the subsequent installment in Part-II of the form immediately on retirement.

Station.....
Date.....

Certified by the Head of Office/Department

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

Yours faithfully
Signature of the Subscriber
Name and Address

Signature of Head of Office/Department

PART – II

4. In continuation of my application for final payment sent to you vide No.....date.....I request that the entire balance at my credit in my Provident Fund Account with interest due under the rules may please be paid to me.

Or

I request that the entire amount at my credit with interest due under the rules may be paid to me throughTreasury/Sub-Treasury may be transferred to my Provident Fund Account. My Provident Fund Account Number is

[Para 4 applies only when payment is desired at a Treasury other than the one at the District Headquarters where the subscriber last served. Otherwise, it may be struck out]

5. A sum of Rs.....(Rupees.....) was last deducted as Provident Fund subscription recovery on account of refund of advance from my pay bill for the month offor Rs.....(Rupees.....) encashed on.....at.....Treasury/Sub-Treasury.

I certify that I have neither drawn any temporary advance nor made any final withdrawn from my Provident Fund Account during the twelve months immediately preceding the date of my quitting service under.....Government/proceeding on the leave preparatory to retirement or thereafter.

Or

Details of the temporary advances drawn by me/final withdrawals made me from my Provident Fund Account during the twelve months immediately preceding the date of my quitting service under Government/proceeding on the leave preparatory to retirement or thereafter are given below:

Amount of advance/withdrawal	Date	Voucher No
1.		
2.		

7. I hereby certify that no amount was withdrawn/the following amounts were withdrawn by me from my Provident Fund Account during the twelve months immediately preceding the date of my quitting service , under Government/proceeding on the leave preparatory to retirement or thereafter for payment of insurance premium or for the purchase of a new policy.

Policy number and Name of the Company	Amount	Date	Voucher No
(1)	(2)	(3)	(4)
1.			
2.			

8. The particulars of the Life Insurance Policies financed by me from the Provident Fund which are to be released by you are given below:

Policy No.	Name of the Company	Sum assured
1.		
2.		
3.		
4.		

Station
Date.....

Yours faithfully
Signature
Name and Address

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CERTIFICATE BY THE HEAD OF OFFICE / DEPARTMENT

1. Forwarding in continuation of endorsement No.....dated.....
2. It is certified that due verification with reference to the records in my office, that no temporary advance/final withdrawal was sanctioned to the applicant from his/her Provident Fund Account during the twelve months immediately preceding the date of his/her quitting service under Government/proceeding on the leave preparatory to retirement or thereafter.

Amount of advance/withdrawal

Date

Voucher No.

1.

2.

* 3. It is certified that no demands of Government are due for recovery.

**4. (i)(ii)(iii) Certified that he/she has not resigned from Government service with prior submission of the State Government to take up an appointment in another Department of the same Government or under Central Government or another State Government or under a body corporate, owned or controlled by the State .

Signature of the Head of Office/Department