

FORM GPF 10(C)

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

To,
The Accountant General

(Through the Head of Office)

Sir,

It is requested that arrangements may kindly be made for the payment of the accumulation in the _____, Provident Fund Account of Shri/ Shrimati/Kumari _____. The necessary particulars required in this connection are given below.

1. Name of the Government servant:-
2. Date of Birth: -
3. Post held by the Government servant:-
4. Date of death: -
5. Proof of death in the form of a death certificate issued by the municipal authorities etc, if available:-
6. Provident Fund Account No. allotted to the Subscriber:-
7. Amount of Provident Fund money standing to the credit of the subscriber at the time of his death, if known: - _____
8. Details of the nominees alive on the date of death of the subscriber if a nomination subsists:-

Sr. No.	Name of the nominee	Relationship with the subscriber	Share of the nominee of death
1			
2			
3			

9. 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.

Sr. No.	Name	Relationship with the subscriber	Age on the date
1			
2			

10. 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 of a 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.

Sr. No.	Name	Relationship with the subscriber	Age on the date of death
1			
2			
3			

11. 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.
12. If the subscriber has left no family and no nomination subsists, the names of persons to whom the Provident Fund money is payable (to be supported) by letters of probate or succession certificate, etc.)

Sr. No.	Name	Relationship with the subscriber	Address
1			
2			
3			

13. Religion of the claimants.
14. The payment is desired through the Office of _____ /through the _____ Treasury/Sub-Treasury. * In this connection the following documents duly attested by a gazetted Officer in service/Magistrate are attached.
- i) Personal marks of identification:-
- ii) Left/Right hand thumb and finger impression (in the case of illiterate claimants):-
- iii) Specimen signatures in duplicate (in the case of literate claimants):-

Yours faithfully,

Station:
Date:

(Signature of claimant)

Full Name: - _____
Address: - _____

* This applies only where payment is not desired through the Head of the Office.

(FOR USE OF HEAD OF OFFICE / DEPARTMENT)

1. Forwarded to the Accountant General_____for necessary action.
The particulars furnished above have been duly verified.

2. The Provident Fund Account No_____of Sri/ Smt/ Kumari_____
(as verified from the Annual statement furnished to him/her is _____)

3. He /She died on_____. A death certificate issued by the Municipal Authorities has been produced /is not required in the case as there is no doubt about his/ her death.

4. The last Fund deduction was made from his/her pay for the month of_____drawn in this Office Bill No_____Dated_____for Rs. Rupees _____), each Voucher No _____ of _____ Treasury, the amount of deduction being Rs_____and recovery on account of refund of advance Rs._____.

5. Certified that he / she was neither sanctioned any temporary advance nor any final withdrawal from his/her Provident Fund Account during the 12 months Immediately preceding the date of his/her death.

OR

Certified that the following temporary advances/final withdrawals were sanctioned to him/her and drawn from his/her Provident Fund Account during the 12 months immediately preceding the date of his/her death.

Sr. No.	Amount of advance/Withdrawals	Date and place of encashment	Voucher No.
1			
2			
3			

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 of insurance premia or for purchase of a new policy.

Sr. No.	Policy No. and Name of the company	Amount	Date	Voucher No.
1				
2				

7. He/She had not opted for the continued retention of his/her provident fund money in the fund in terms of Government Resolution Political and Services Department No. PFR-1058-J, dated 29th May 1958 as extended from time to time.

OR

He/She had opted for the continued retention of his/her Provident Fund money in the Fund in forms of Government Resolution Political and Services Department No. PFR-1058-J, dated 29th May 1958 as extended from time to time and his/her option was forwarded vide this Office Letter no _____ dated _____ is attached. The other particulars required in this connection are given below:-

- i) Date of retirement from Government service:-
 - ii) Amount at the credit of the subscriber on the date of retirement:-
 - iii) Amount finally withdrawn after retirement if any:-
8. It is certified that no demands/ following demands of Government are due for recovery.
9. it is certified that no advance/ following advance (Interim Relief) is sanctioned in terms of Government of India, Ministry of Finance, Office memorandum No. F-10 (18)-EV (A) 60, dated 16th December 1960/Government of Bombay, Finance Department, G.R. No. 1969/33 dated 6th October, 1955.

Signature of the Head of Office/Department

NINTH SCHEDULE

(See Rule-31)

Check List to be attached to the General Provident Fund final payment applications by the Head of Offices/ Departments after indicating compliance against each item.

1. Prescribed Form: -

(1) Whether Final payment application is in the Prescribed Form- 10 A (Gazetted Officer, 10-B (Non Gazetted Officer). 10-C (Death Cases).

2. Name: -

3. Designation: -

4. Birth Date: -

5. Date of Joining Service: -

2. Particulars to be filled in by the subscriber/claimants and Head of Office.

(a) If Form 10-A or 10-B

- (1) Whether the event, Fund Account Number and place of payment have been correctly shown against para No. 1,2 and 3 of application by the subscriber.
- (2) Whether Para 2 of the portion for use by Heads of Offices regarding event has been correctly and completely filled in.
- (3) Whether last Fund deduction has been correctly shown in Para 3 with all relevant details.
- (4) Whether the subscriber had opted for discontinuing his General Provident Fund subscription six months prior to date of his retirement and the month from which actually discontinued have been shown correctly under Para 3.
- (5) Whether certificate of non-withdrawals of Temporary Advance/ Part Final Withdrawals has been correctly given or the details of Temporary Advances and Part Final Withdrawals during last 12 months have been fully recorded after the due verification vide Para 4 and 5 of the form.
- (6) In case of resignation (Para 7) for taking up appointment in another department etc. whether full details as to the office, where to be appointed and designation etc. have been brought out.

(b) If Form 10-C

- (1) Whether particulars against Sr. No. 1 to 7 have been correctly filled in and a certified copy of death certificate has been sent.
- (2) Whether required details of nominees have been correctly given against Sr. No. 8 & 9 of the form.
- (3) If no nomination whether details of surviving members of the family as on the date of death are fully recorded against Sr. No. 10 and whether for a Non-Hindu minors share, indemnity Bond or Guardianship Certificates are attached.(vide Sr. No. 11).

- (4) If no nomination and also no family member whether letters of probate or succession certificate etc. have been produced by the claimant.
- (5) For payments through Treasury whether personal marks of identification/ left hand thumb impression and specimen signatures accompany the application.
- (6) Whether full residential address of the claimant has been recorded.
- (7) Whether the portion to be filled in by Head of Office vide Para No. 2,3,4 have been correctly filled in and whether full details of temporary Advances/ Part Final Withdrawals sanctioned and drawn during last 12 months have been recorded after verification (vide para 5 of the form).

3. Other Special Requirements

(a) For Deposit Linked Insurance Scheme.

- (1) Whether death occurred while in service or after retirement/ resignation etc.

(b) If payment desired outside Gujarat.

- (1) Whether name of the Branch of State Banks of India and its full postal address (For drawal of Demand Draft) indicated.
- (2) Whether advance stamped Receipt for the General Provident Fund Balance obtained and kept with application.

Certified that I have satisfied myself personally about the accuracy and correctness of the compliance indicated in the check list.

Signature:

Name in Block Letters: -

Head of Office/ Department with designation and clear postal address.