

FORM 'A'
(For employees of Class I and II Service)

FORM OF APPLICATION FOR FINAL PAYMENT OF BALANCES
IN THE ANDHRA PRADESH STATE ELECTRICITY BOARD
GENERAL PROVIDENT FUND ACCOUNT.

To

The Chief General Manager (Expr.),
APNDCL, Corporate Office,
WARANGAL.

Through _____

Sir,

I am due to retire/have retired/have proceeded on leave preparatory to retirement for months/ have been discharged/dismissed /compulsorily retired/invalided/ have resigned finally from Board's service and my resignation has been accepted with effect from_____ AN/FN.

2. My Provident Fund Account No. with department suffix is AB-_____

3. My specimen signature, in duplicate attested by another employee of class I and II is enclosed.

PART - I

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

4. I request that the amount of Rs. _____/- Standing to credit in my G.P.F. Account as indicated in the Accounts statement issued to me for the year _____ (enclosed)/as appearing in my ledger account being maintained by you, may please be arranged to be paid to me through Drawing officer

5. Certified that I had taken the following advances in respect of which installments of Rs..... are yet to be repaid to the fund account. I had taken the following part final withdrawals.

Temporary Advances	Part Final Withdrawals
1.	
2.	
3.	

6. a) Certified that the following amounts were withdrawn by me to finance my Life Insurance Policy from my Provident Fund Account.

- 1.
- 2.
- 3.

6. b) i) If the Policy is a joint tenant policy.
Yes/No
Whether the Joint tenant is alive.
- ii) Whether the premia has been paid without bread.
Yes/No
- iii) If not, details of years in which premia was not drawn from Provident Fund with the reasons there for
Years in which the first and the last withdrawals of the premia were made towards the above policies.
- iv) Whether the Policy has lapses. Yes/No

7. Certified that after the payment of first instalments of my Provident Fund balance, I will apply for the payment of the subsequent instalments in Part-II of the form immediately on retirement.
8. I am subscriber to the compulsory savings scheme and my Account No. _____ and balance has been received/nor received by me.

Date :
Station :

Signature of Subscriber
Name and address

CERTIFICATE BY THE HEAD OF OFFICE/DEPARTMENT

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

Signature of Head of
Office/Department.

PART - II

To

The Chief General Manager (Expr.),
APNDCL, Corporate Office,
WARANGAL.

Through _____
Sir,

In continuation of my application for final payment sent to you Vide No..... date..... I requested that the balance in my Provident Fund Account 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 through my office station may be transferred to my Provident Fund Account is _____.

My G.P.F. Account No. with department suffix is _____.

I have retired with effect from _____. F.N/A.N

2. A sum of Rs. _____ (Rupees _____
_____Only) last fund deducted as Provident Fund subscription recovery on account of refund of advance from my pay bill (Para 1 applies only when the payment is desired through office station other than the one at the District Headquarters where the subscriber last served, otherwise it may be struck out.) for the month of _____ for Rs. _____ month _____ at _____ office station _____.

3.) I certify that I have neither drawn any temporary advance nor made any final withdrawal from my provident fund account during the 12 months immediately proceeding the date of my quitting service _____ F.N./A.N.

OR

Details of the temporary advances drawn by me/final withdrawals made by me from my provident fund account during the 12 months preceeding the date if my quitting service under _____ Board Preceeding on leave preparatory to retirement or thereafter are given below:

Amount of Advance	Date
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1)

2)

4). I hereby certify that no amount was withdrawn/ the following amounts were withdrawn by me from my provident fund account during the 12 months immediately preceeding the date of my quitting service under _____ Board/proceeding on leave preparatory to retirement or thereafter for payment of Insurance premia or for the purchase of a new policy.

Amount	Date
--------	------

1).

2).

5). The particulars of 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 Co.	Sum assured
1.		
2.		
3.		
4.		

Yours faithfully,

(Signature)

Name and address

Station:

Date :

"Counter Signed "

(Drawing Officer)

CERTIFICATE BY THE HEAD OF OFFICE

1. Forwarded in continuation of endorsement

2.(a) It is certified after 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 12 months immediately proceeding the date of his/her quitting service under _____ Board/proceeding on leave preparatory or retirement or thereafter.

OR

2(b). It is certified after due verification with reference to the records in my office, that the following temporary advances/final withdrawal were sanctioned to and drawn by the applicant from his/her provident fund account during the 12 months immediately proceeding the date of his/her quitting service under Board/proceeding on leave preparatory to retirement or thereafter. amount of Advance/Withdrawal.....date.....Voucher No.

- 1.
- 2.

@3. It is certified that the employer had appealed against the order of this/her dismissal/removal compulsory retirement/invalidation from service and final orders on the appeal were passed on.....but the employee stated in writingthat he/she had withdrawn his/her appeal.

Or

It is certified that the employee has nor preferred an appeal against the order of his/her dismissal/removal/compulsory retirement/invalidation from service and that the time allowed for preferring appeal expired on.....

It is certified that the employee has given a declaration in writing that he/she will not prefer an appeal against the order of his/her dismissal/removal/compulsory retirement/invalidation from service.

(Signature of the Head of Office)

@Certificate No.3 to be furnished in the case of employees who were dismissed/ removed/compulsorily retired/invalidated from service.

GPF subscription recovery particulars in respect of Sri/Smt.....

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Retiring on F.N./A.N G.P.F. A/c.No.

Month	Subscription	Others	Total	CB Vr.No.
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C.B. as per G.P.F. Slip for the year _____

Add: Monthly Recoveries :

03/20 paid in 04/20

04/20 paid in 05/20

05/20 paid in 06/20

06/20 paid in 07/20

07/20 paid in 08/20

08/20 paid in 09/20

09/20 paid in 10/20

10/20 paid in 11/20

12/20 paid in 01/20

01/20 paid in 02/20

02/20 paid in 03/20

Less: Part –Final withdrawals

.....

Total Rs.

(Rupees only)

Yours faithfully,

(Signature)

Name and address

**“ Certified that the above debits and credits are
Verified with reference to the FCR and found Correct”**

(Drawing Officer)

Specimen Signature of Sri/Smt

.....

1).

2).

3).

ATTESTED

UNDERTAKING FOR RECOVERY OF EXCESS PAYMENT

I am to certify that, if any excess amount paid to me towards GPF final claim in respect of my GPF A/c.No.**AB-12236** is found in later date, such entire amount will be paid in lump sum along with interest to the APNPDCL/Warangal.

(V.SHIVA KUMAR)
Chairperson
CGRF/APNPDCL/Warangal

Antecedents