

**FORM GPF 10(B)**  
**(Spl.AG.GPF.22)**

*(FOR NON GAZETTED OFFICERS)*

**Form of Application for Final Payment Transfer to Bodies corporate/Other Governments of balance in the \_\_\_\_\_ Provident Fund A/c.**

To,  
The Accountant General

\_\_\_\_\_

\_\_\_\_\_

(Through the head of the office)

Sir,

1. I am to retire / have retired / have proceeded on leave preparatory to retirement for \_\_\_\_\_months/ have been discharged / have been dismissed/ have been permanently transfer to \_\_\_\_\_/have resigned finally from Government service/ have resigned service under \_\_\_\_\_ Government to take up appointment with \_\_\_\_\_and my resignation has been accepted, with effect from \_\_\_\_\_Forenoon/Afternoon, I joined service with \_\_\_\_\_on \_\_\_\_\_forenoon/afternoon.
2. My provident Fund Account No. is .....
3. I desire to receive payment/through my office/through the \_\_\_\_\_Treasury/Sub Treasury, Particulars of my personal marks of identification, left hand thumb and finger impression (in case of illiterate subscribers) and Specimen Signature (in case of literature subscriber) in duplicate, duly attested by a Gezatted Officer of the Government are enclosed.

**Part -I**

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

4. I request that the amount of Rs. \_\_\_\_\_standing to the credit in my General provident Fund 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, as first instalment of Final Payment at \_\_\_\_\_Treasury/Sub-Treasury/Head of Office.
5. The under mentioned Life Insurance Policies were being financed by me from my Provident Fund Account.

Sr. No.	Policy No.	Name of the Company	Sum Assured
1			
2			
3			

6. After payment of the First Installment of my PF Balance, I will apply for the payment of subsequent installments in Part-II of the Form immediately on retirement.

Station: -  
Date: -

**Yours faithfully**  
**(Signature)**  
**(Name and Address)**

This applies only when payment is not desired through the Office.

**(FOR USE BY HEAD OF OFFICES)**

1. Forwarded to the Accountant General \_\_\_\_\_ for necessary action.
2. The Provident fund Account number of Shri/Smt/Kumari \_\_\_\_\_  
(as Verified from the Statements furnished to him/her from year to year) is  
\_\_\_\_\_
3. He / She is due to retire from Government Service on \_\_\_\_\_.
4. Certified that he / she had taken the following advances in respect which  
\_\_\_\_\_ installments of Rs. \_\_\_\_\_ are yet to be recovered  
and credited to the Fund Account.

The details of the Final Withdrawals granted to him/her are also indicated below:-

Voucher No.	Date of Withdrawal	Temporary Advance	Voucher No.	Date of drawal	Final Withdrawal
1					
2					
3					
4					

5. Certified that the following amounts were withdrawn from his /her account to Finance Life Insurance Policy.

1	
2	
3	

**Signature of the Head of office.**

**Part-II**

In continuation of my earlier application dated ----- for the final payment of Provident Fund balances I request that the entire balance at my credit with interest due under the rules may 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/ transferred to \_\_\_\_\_

**Signature**

**Name**

**Address**

**(FOR USE BY HEADS OF OFFICES)**

1. Forwarded to the Accountant General \_\_\_\_\_ for necessary action. In continuation of endorsement No. \_\_\_\_\_ dated \_\_\_\_\_.
  
2. He / She has finally retired / will proceed on leave preparatory to retirement for \_\_\_\_\_ months / has been discharged / dismissed / has been permanently transferred to \_\_\_\_\_ has resigned finally from Government Service/has resigned service under \_\_\_\_\_ Government to take up an appointment with \_\_\_\_\_ and his/her resignation has been accepted with effect from \_\_\_\_\_ forenoon/afternoon/He/She joined service with \_\_\_\_\_ on \_\_\_\_\_ forenoon/afternoon.
  
3. The last Fund deduction was made from his/her pay in this office Bill No \_\_\_\_\_ dated \_\_\_\_\_ for Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ ) cash voucher No \_\_\_\_\_ of \_\_\_\_\_ Treasury. The amount of deduction being Rs \_\_\_\_\_ and recovery on account of refund of advance Rs. \_\_\_\_\_.
  
4. Certified that he / she was neither sanctioned any temporary advance nor any final withdrawal from his/her provident funds account during the 12 months immediately

preceding the date of his/her quitting service under \_\_\_\_\_ Government/  
proceeding on leave preparatory to retirement or thereafter.

**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 quitting service under \_\_\_\_\_ Government/proceeding on leave preparatory to retirement or thereafter.

Sr. No.	Amount of Advance/withdrawal	Dated	Voucher No.
1)			
2)			

5. Certified that no amount was withdrawn / the following amounts were withdrawn from his/her Provident Fund account during the 12 months immediately preceding the date of his/her quitting service under \_\_\_\_\_ Government/proceeding on leave preparatory to retirement or thereafter for payment of Insurance premia or for the purchase of a new Policy.

Sr. No.	Amount	Date	Voucher No.
1			
2			
3			

\*6. It is certified that no demands/following demands of Government are due for recovery.

\*\*7. Certified that he/she has not resigned from Government Service with prior permission of the Central Government to take up an appointment in another Department of the Central Government or under a State Government or under a body corporate owned or controlled by the State.

**(Signature of Head of Office/ Department)**

\* Certificate No. 6 to be furnished in the case of contributory Provident fund only.

\*\* Please score out if not necessary.

**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.**