## NO. GOVERNMENT OF INDIA CENTRAL WATER COMMISSION

## APPLICATION FORM FOR FINAL PAYMENT FROM GENERAL PROVIDENT FUND - 10-A (FOR GAZETTED/NON-GAZETTED OFFICERS)

he .	Form of application for final Payment/transfer of Bodies Corporate/Other Governments, of balance in
	Station
Го	The Association Congress
	The Accountant General,
	(Through the Head Officer)
Sir,	" " " " The are accorded on leave proparatory to
	I am to retire on
retirem	ent for months/have been discharged/dismissed/have been permanently
ransfe	rred to
under	
	een accepted with effect fromforenoon/afternoon. I joined service with
	on forenoon/afternoon.
2	My Provident Fund Account No. is
2.	
3.	I desire to receive payment through my office/through the
Partic	ulars of my personal marks of identification, lefthand thumb, and finger impressions (in the case of
	e subscribers) and specimen signature (in the case of illiterate subscribers) in duplicate, duly attested
by a G	sazetted Officer of the Government, are enclosed.
	PART - I
va	(TO BE FILLED IN WHEN THE APPLICATION FOR FINAL PAYMENT IS SUBMITTED UP TO ONE YEAR PRIOR TO RETIREMENT)
4.	I request that the amount of Rs Standing to the credit in my Provident Fund Account
	licated in the Accounts Statement issued to me for the year (enclosed)/as appearing in
my le	dger account being maintained by you Treasury Sub-Treasury/Head of Office, may
	e be arranged to be paid to me as first installment of final payment.
picas	
5. Accor	The undermentioned Life Insurance Policies were being financed by me from my Provident Fundant:
	Policy Name of the Company Sum assured
1.	The state of the s
2.	
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2:

6. subsec	After payment of the first installment of my quent installments in Part II of the Form immed	Provident Fund diately on retirer	d balance, I will apply for t ment.	he payment of
	one and the disconnection of the later.	- The Honiga	1 2300 1001	ours faithfully,
		Signature	y pileation for final Paymen	Form of t
Ctatio		Name		
Statio				
Date		Address	auntan General,	ZDA BIT
	3-			
	This applied only when payment is not desire	ed through the I	lead of Office.	
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ol ya	(FOR USE BY H	EADS OF OFF	ICES)	rotansa , .
	Forwarded to the Accountant General	and the	for necessary action.	101 trianness
2.	The Provident Fund A/C No	of Sh./S	mt./Km	
(as cer	rtified from the statement furnished to him/her	from year to year	ar) is	***
3.	He/She is due to retire from Government ser	e.e.		
	Certified that he/she had taken the followers of Rs are yet to be recovered ithdrawals granted to him/her are also indicate	ered and credite	Jan and Statement Liberary Statement	
lipting	Temporary advance		Final withdrawals	in 10 statutions frequency
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2				
3				
4	CONTINUE OF THE STATE OF THE ST	APPLICATION	IE FILLED IN WHEN THE	
5.	Certified that the amounts were withdrawn fr	rom his/her acco	ount to finance the Life Insu	rance Policy:
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3	Trepauly Sub-Treatmyrrend is server		w, id benjalnom pro-cinj	cole repts yn
4	final payment	to Inemiliaten 5	ent ear orn of blue set or bee	nisma and secret
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			Signature of I	Head of Office

## PART - II

(To be submitted by the Subscriber immediately after his retirement. This Part is also applicable in the case of subscribers who apply for final payment for the first time after the date of superannuation, discharge, resignation, etc.)

In continuation of my earlier applica	tion, dated	for the final payment of Provident
Fund balance. I request that the entire balar	nce at my cred	it with interest due under the rules may be paid to
me.	0	Centified that the following temporary
I request that the entire amount a	t my credit wi	th interest due under the rules may be paid to
me/transferred to		
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	Signature	Sweets all west and a supposed
	Name	
	Address	
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of Stanfacili control control of the		
FOR USE	BY THE HEA	D OF OFFICES
*		Fund Aucqual during the 12 monus in
		for necessary action/in
continuation of Endorsement No		dated
2. He/she has finally retired/will produce	eed on leave	preparatory to retirement for
		ed/dismissed/has been permanently transferred to
		ernment service/has resigned service under
		ntment with and his/her
		forenoon/afternoon. He joined service
with on		The state of the s
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		pay in this office Bill No dated
for Rs (Rupees	3	)
Cash voucher No of .		Treasury, the amount of deduction being
Rs and recovery on ac	count of refund	d of advance Rs
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RAL WATER COMMISSION

4. Certified	that he/she was neithe	r sanctioned my temporary ad	Ivance or any final withdrawal from
his/her Provident	Fund Account during 12	2 months immediately preceding	g the date of his/her quitting service
under	Government/proceed	ding on leave preparatory to ret	irement or thereafter.
d payment of Pro	enflarit et	beteb notreptions with	Virgin at the minimum
ed yarn aging en	9 rabny oub festatni ritiwa	Or	fi ladi (zapa) agamatan
Certified	that the following temp	orary advances/final withdraw	als were sanctioned to him/her and
drawn from his/h	er Provident Fund Accor	unt during that 12 months imme	ediately preceding the date of his/her
quitting convice	under	Government/proceeding on	leave preparatory to retirement or
thereafter.	4	The second secon	
	advance/withdrawal	Date	Voucher Number
1			
2.			
3.		<del>,</del>	
<ol><li>Certified</li></ol>	that no amount was wit	hdrawn/the following amounts v	were withdrawn from his/her Provident
Fund Account of	during the 12 months	immediately preceding the	date of his/her quitting service
under	Govern	ment/proceeding on leave pre	eparatory to the purchase of a new
policy.	bolnb		Chamazonio Comercial and
policy.	Amount	Date	Voucher Number
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6. It is certified that no demands/following demands of Government are due for recover.

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)

Specimen Signature of S	hri		
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