

Application Form for Final Payment of Balances in the Provident Fund Account of a "Subscriber" to be used by the Nominees or any Other Claimants where no Nomination Subsists

To,

The Deputy Commissioner,
Navodaya Vidyalaya Samiti
CPF Cell, BHOPAL.
(Apply through proper channel only)

Sir,

It is requested that arrangements may kindly be made for the payment of the accumulations in the contributory provident Fund Account No. _____ (*Certificate No. 06 to be furnished in the case of Contributory Provident Fund only. ** Please score out if not necessary.) of Shri/Smt./Kumari _____

The necessary particulars required in this connection are given below:

1. Name of the Government servant : _____
2. Date of Birth : ____/____/____.
3. *i.* Post held by the Government Servant : _____
- ii.* Date of Joining in the Samiti (On Direct Basis) : ____/____/____.
- iii.* Last drawn Basic Pay : Rs. _____
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 by Samiti : _____
7. Amount of Provident Fund money standing to the Credit of the subscriber at the time of his death, if know. : _____
8. Details of the nominees alive on the date of death of the subscriber if a nomination subsists. : _____

S. No.	Name of the Nominee	Relationship with the Subscriber	Share of the Nominee
1			
2			
3			

(Attach one attested copy of the nomination as per service records)

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 sub-subscriber subsequently acquired a family.

S. No.	Name	Relationship with the Subscriber	Age on the Date of Death
1			
2			
3			

10. In case no nomination subsists, the details of the surviving members of family on the date of death of the subscriber. In the case of a daughter or 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 the subscriber.

S. 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 (Wife 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 certificate, etc.)

S. No.	Name	Relationship with the Subscriber	Address
1			
2			
3			

13. Religion of the claimant (s) : _____

14. The payment is desired through the Office of : _____
Through the : _____

Treasury/Sub-treasury in this connection following documents duly attested By a Gazetted Officer, in service/Magistrate are attested.

i. Personal marks of identification : _____

ii. Left/Right hand thumb or finger impressions : _____
(in the case of illiterate claimants)

iii. Specimen signature in duplicate : _____
(in the case of literate claimants)

Yours faithfully,

Station : _____

Dated : ___/___/_____

Signature of Claimant: _____

Full Name: _____

Address: _____

FORMS
(For use of head of Office / Department)

Forwarded to the Navodaya Vidyalaya Samiti, CPF Cell for necessary action. The particulars furnished above have been verified carefully and found correct.

1. The provident fund Account No. _____ of Shri/Smt./Kumari _____ (as verified from the annual statements furnished to him/her) is _____)
2. He / She died on _____. A death certificate issued by the Municipal authorities has been produced/is not required in this case as there is no doubt about his / her death.
3. The last fund deduction was made from his/her pay for the month of _____ drawn in this Office Bill No. _____ dated ____/____/_____ for Rs. _____ (In Words Rupees _____) of the amount of deduction being Rs. _____ (In Word Rupees _____) and recovery, on account of refund of advance of Rs. _____ (In Words Rupees _____)
4. Certificate that he / she was neither sanctioned any temporary advance or any final withdrawal from his / her provident Fund Account during the 12 month immediately preceding the date of his / her death.
5. Certified that subsists the following temporary advances. Final withdrawals were sanctioned to him / her provident fund Account during 12 months immediately preceding the date of his / her death.

S. No.	Amount of Advances / Withdrawals	Date and Place of Encashment	Vouchers Number
1			
2			
3			

6. Certified that no. amount was withdrawn / the following amounts were withdrawn from his / her Provident Fund Account during the 12 month immediately preceding the date of his / her death for payment of insurance premium or for the purchase of a new policy:

S. No.	Policy Number and Name of the Company	Amount	Date	Voucher Number
1				
2				
3				

7. In reference to all records and audit report, it is certified that no demand / following demands of Government is / are due for recovery against the above said employees, the final due amount of payment may be relished after making recovery of Rs. _____ (In Words Rupees _____) with amount any recovery.

(SIGNATURE OF HEAD OF OFFICE / DEPTT.)

Date : ____/____/_____.