**FOR GAZETTED OFFICERS**

*(Form of application for final payment of Balance in General Provident Fund Account.)*

To

The Accountant General A& E

Tripura, Agartala.

**(Through the Head of Office)**

Sir,

 I am due to retire / have retired / have proceeded on leave preparatory to retirement for ............................ / have been discharged /dismissed / have resigned finally form Government Service and may resignation has been accepted with effect from ........................forenoon / afternoon.

 I, therefore, request that arrangements may kindly be made to pay the entire amount at any credit with interest due under the rules.

 My provident fund Account No. is ..................................desire to received payment through my office / through the…………………………............Treasury / Post office particulars of my personal marks of identification, left hand thumb and finger impressions (in case of illiterate subscribers), in and specimen signature (in the case of literate subscribers), in duplicate, duly attested by a Gazetted officer of the Government are enclosed.

 The under mentioned life Insurance Policies financed by me from my Provident Fund Account may kindly be released.

|  |  |  |
| --- | --- | --- |
| **Policy No.** | **Name of the Co.** | **Sum Assured** |

1. NIL NIL NIL

 Yours faithfully,

**(For use by Head of Office)**

 Forwarded to the Accountant General, Office of Accountant General, Tripura, Agartala for necessary Action.

 The Provident Fund account No ......................................**of**  **Sri / Smt/Dr/Prof ....................................................................., .........................................................., Retired**  (as verified from the statements furnish to him/her from year to year).

 He /She has finally retired will retire/has proceeded on leave preparatory to retirement for…………………months/has been discharged/dismissed/has resigned finally from Govt. service and his/her in resignation has been accepted with effect from ..........................................forenoon/afternoon.

The last fund deduction was made from his/ her pay in this office Bill No................... dated ..............................for Rs................................................................ (Rupees................................................................................) only being 90% withdrawal of GPF vide sanction MEMO No. ....................................................................................dated ...............................of the.........................................................................................................................................................., Govt of Tripura.

Treasury, the amount of deduction being Rs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(and recovery as amount or advance Rs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Certified that he /she was neither sanctioned any temporary advance for final withdrawal from his/her provident Fund Account during the 12 months immediately proceeding the date of his/her qualifying service proceeding on leave preparatory to retirement of thereafter.

Or

 Certified that the following temporary advance/final withdrawals were sanctioned to his/her and drawn from his/her provident fund amount during the 12 months immediately proceeding the date of his/her quitting service /proceeding on leave preparatory to retirement or thereafter.

|  |  |  |
| --- | --- | --- |
| **Amount** | **Date** | **Voucher No.** |

1. NIL NIL NIL

 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 proceeding as leave preparatory to retirement or thereafter for payment of Insurance premium or for the purchase of a new policy.

|  |  |  |
| --- | --- | --- |
| **Amount** | **Date** | **Voucher No.** |

1. NIL NIL NIL

 It is certified that no demands of Govt. are due for recovery.

 **Signature of Head of Office / Deptt.**

**Note:-**

1. Certificate No.7 to be furnished in the case or contributory provident fund only.
2. Certified that he/she has not resigned Government service to take up appointment in another Department of the Central Govt. or under State Govt. or under a body corporate owned or controlled by Government.

 Descriptive Roll of **Sri/Smt/Dr/Prof..............................................., ...........................................................**, Tripura Institute Of Technology , Narsingarh , Tripura west , Who has retired from Government service on superannuation on............................................

 **1. Name of the Govt servant : .**

 **2. Date of Birth :**

 **3. Height :**

 **4. Personal Marks if any :**

 **5. Left hand thumb and finger impression:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Small Finger.** | **Ring Finger.** | **Middle Finger.** | **Index Finger.** | **Thumb Finger.** |
|  |  |  |  |  |

**Specimen Signature of Sri/Smt/Dr/Prof............................... ...............................................................** , Tripura Institute Of Technology , Narsingarh , Tripura west , Who has retired from Government service on superannuation on ......................................

1. **.................................................., … … … … … … … … … … … … …**
2. **..............................................,…. … … … … … … … … … … … … …**

**3) .............................................,…. … … … … … … … … … … … … …**

 **Signatures Attested**