

FORM C

Form of application 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

Director
Punjab Engineering College,
(Deemed to be University),
Chandigarh

Sir,

It is requested that arrangements may kindly be made for the payment of the accumulations in the _____ Provident Fund Account of Shri / Shrimati _____ the necessary particulars required in this connection are given below:-

- 1 Name of the Govt. Servant : _____
- 2 Date of Birth : _____
- 3 Post held by the Govt. Servant : _____
- 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 : _____
- 7 Amount of Provident Fund money standing to the credit of the subscriber at the time of his death, if known : _____
- 8 Details of the nominees alive on the date of death of the subscriber if a nomination subsists : _____

	Name of the nominee	Relationship with the subscriber	Share of the nominee
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

- 9 In case of the nomination is in favor of a person :
other than a member of the family, the details of
the family if the subscriber subsequently
acquired a family

	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 the family on the date of
death of the subscriber, in the case of a daughter
or of a daughter of a deceased son of the
subscriber married before the death of the
subscriber if should be stated against her name
whether her husband was alive on the date of
death of the subscriber

	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 (widow of subscriber) is not a
Hindu, the claim should be supported by
Indenuity Bond or Guardianship certificate, as
the case may be.

- 12 If the subscriber has left no family and no :
nomination subsists, the names of the persons
to whom the provident fund money is payable
(to be supported by letter of probate or
succession certificate etc.)

	Name	Relationship with the subscriber	Address
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

13. Religation of the claimant (s)

14. **The payment is desired through the office of _____ . In this connection the following documents duly attested by a Gazetted Officer in service / Magistrate are attached.*

I. Personal marks of identification _____

**this applies only when payment is not desired through the head of office.*

II. Left / right hand thumb or finger impression (in the case of illiterate claimants)

III. Specimen signatures in duplicate (in the case of literate claimants).

Yours faithfully

Station:

Signature of Claimant

Date:

Name _____

Address _____

(FOR USE OF HEAD OF OFFICE / DEPARTMENT)

Endstt No. _____

Dated: _____

Forwarded to the Accountant General _____ for necessary action. The particulars furnished above have been duly verified.

2. The Provident Fund Account No. _____ of Sh./Smt _____ (as verified from the annual statements furnished to him / her) is _____.
3. He / She die on _____. A death certificate issued by the municipal authorities has been produced / is no required in this case as there is no doubt amount his / her death.
4. The last fund deduction as made from his / her pay for the month of _____ drawn in this office bill no. _____ Dated _____ for Rs. _____ (Rupees) _____, the amount of deduction being Rs. _____ and recovery, on account of refund of advance of Rs. _____
5. Certified that he /she was neither sanctioned any temporary advance nor any final withdrawal from his / her provident Fund account during the 12 months immediately preceding the date of his / her death.

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 death.

	Amount of advances withdrawals	Date and places of the cashment	Voucher number
1	_____	_____	_____
2	_____	_____	_____

6. 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 death for payment of Insurance premium or for the purchase of a new policy.

	Policy Number and Name of the Company	Amount	Date	Voucher Number
1	_____	_____	_____	_____
2	_____	_____	_____	_____

7. It is certified that no demand / following demands of Government are due for recovery.
8. Certified that no advance / following advance sanctioned in terms of the Ministry of Finance office Memorandum No. 10(3)-EV(A)/65, dated the 1st November, 1965 is due for recovery.

Signature of the Head of Office / Deptt.

UNDERTAKING

I, _____ W/o, S/o, D/o Late _____ who has been working as _____ has been expired on _____. As I am a nominee against the GPF A/C No. _____. I hereby undertake that in case, if there is any excess payment is made in r/o GPF final withdrawal on account of any reasons, I shall refund the said excess payment and further authorize the Director, PEC to make recoveries of such excess payments from my pension etc.

Signature

Name _____

Designation _____

Address _____

Mobile No. _____

**Official is required to submit No Due Certificate along with application form.*