**FORM 3**

[See rule 54 (2)]

DETAILS OF FAMILY MEMBERS

Name of the Government servant _____

Designation _____

Date of Birth _____

Date of appointment _____

Details of the members of family as on_____:

| Sl. No. | Names of the members of family | Date of birth | Relationship with the officer | Marital status | Remarks | Date signatureof Head of Office |
|---|---|---|---|---|---|---|
| | | | | | | |

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of the Office any addition or alteration.

Signature of Pensioner

Place:
Date :

---

Place: Date:

Note: 1 – The original Form submitted by the Government servant is to be retained. All additions/alterations are to be recorded in this Form under the signature of Head of Office in Col 7. No new Form will substitute the original Form. However, the retiring Government servant should submit the details of family afresh along with Form 5.

Note: 2 – The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.

Note: 3 – The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the 'Remarks' column. The fact regarding disability or change of marital status of a family member should also be indicated in the 'Remarks' column.

Note: 4 - Wife and husband shall include judicially separated wife and husband.

## Undertaking

I _____S/o Shri ,

(designation) _____hereby undertake to refund any amount overpaid to me on account of provisional and final pensionary benefits.

Signature

Name:

## Undertaking

I _____S/o Shri ,

(designation) _____hereby undertake to refund any amount overpaid to me on account of provisional and final pensionary benefits.

Signature

Name:

SPECIMEN SIGNATURES OF SHRI/SMT.

1. _____

2. _____

3. _____

Note :- In triplicate

Attested

SPECIMEN SIGNATURES OF SHRI/SMT

1. _____

2. _____

3. _____

Note :- In triplicate

Attested

SPECIMEN SIGNATURES OF SHRI/SMT

1. _____

2. _____

3. _____

Note :- In triplicate

Attested

SPECIMEN SIGNATURES OF SHRI/SMT

1. _____

2. _____

3. _____

Note :- In triplicate

Attested

SLIP SHOWING THE PARTICULARS OR HEIGHT AND PERSONAL IDENTIFICATION MARKS OF SHRI

Height : .....Feet .....Inches

Personal Identification marks:-

1. _____

2. _____

Note:- In triplicate

Attested

SLIP SHOWING THE PARTICULARS OR HEIGHT AND PERSONAL IDENTIFICATION MARKS OF SHRI/SMT

Height : .....Feet .....Inches

Personal Identification marks:-

1. _____

2. _____

Note:- In triplicate

Attested

SLIP SHOWING THE PARTICULARS OR HEIGHT AND PERSONAL IDENTIFICATION MARKS OF SHRI/SMT

Height : .....Feet .....Inches

Personal Identification marks:-

1. _____

2. _____

Note:- In triplicate

Attested

SLIP SHOWING THE PARTICULARS OR HEIGHT AND PERSONAL IDENTIFICATION MARKS OF SHRI/SMT.

Height : .....Feet .....Inches

Personal Identification marks:-

1. _____

2. _____

Note:- In triplicate

SPECIMEN SIGNATURES OF SHRI/SMT.

1. _____

2. _____

3. _____

Note :- In triplicate

Attested

SPECIMEN SIGNATURES OF SHRI/SMT

1. _____

2. _____

3. _____

Note :- In triplicate

Attested

SPECIMEN SIGNATURES OF SHRI/SMT

1. _____

2. _____

3. _____

Note :- In triplicate

Attested

SPECIMEN SIGNATURES OF SHRI/SMT

1. _____

2. _____

3. _____

Note :- In triplicate

Attested

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Height : .....Feet .....Inches

Personal Identification marks:-

1. _____

2. _____

Note:- In triplicate

Attested

SLIP SHOWING THE PARTICULARS OR HEIGHT AND PERSONAL IDENTIFICATION MARKS OF SHRI/SMT

Height : .....Feet .....Inches

Personal Identification marks:-

1. _____

2. _____

Note:- In triplicate

Attested

SLIP SHOWING THE PARTICULARS OR HEIGHT AND PERSONAL IDENTIFICATION MARKS OF SHRI/SMT

Height : .....Feet .....Inches

Personal Identification marks:-

1. _____

2. _____

Note:- In triplicate

Attested

SLIP SHOWING THE PARTICULARS OR HEIGHT AND PERSONAL IDENTIFICATION MARKS OF SHRI/SMT.

Height : .....Feet .....Inches

Personal Identification marks:-

1. _____

2. _____

Note:- In triplicate

OPTION OF THE PENSIONER INDICATING NAME AND FULL ADDRESS OF THE AUTHORISED PUBLIC SECTOR BANKS

Name of the Bank _____
Branch _____
Location and Code No. _____
Account No. _____
Distt. _____
State _____

Signature of the Pensioner
Name _____
Address _____
_____
_____

OPTION OF THE PENSIONER INDICATING NAME AND FULL ADDRESS OF THE AUTHORISED PUBLIC SECTOR BANKS

Name of the Bank _____
Branch _____
Location and Code No. _____
Account No. _____
Distt. _____
State _____

Signature of the Pensioner
Name _____
Address _____
_____
_____

OPTION OF THE PENSIONER INDICATING NAME AND FULL ADDRESS OF THE AUTHORISED PUBLIC SECTOR BANKS

Name of the Bank _____
Branch _____
Location and Code No. _____
Account No. _____
Distt. _____
State _____

Signature of the Pensioner
Name _____
Address _____
_____

OPTION OF THE PENSIONER INDICATING NAME AND FULL ADDRESS OF THE AUTHORISED PUBLIC SECTOR BANKS

Name of the Bank _____
Branch _____
Location and Code No. _____
Account No. _____
Distt. _____
State _____

Signature of the Pensioner
Name _____
Address _____
_____
_____

OPTION OF THE PENSIONER INDICATING NAME AND FULL ADDRESS OF THE AUTHORISED PUBLIC SECTOR BANKS

Name of the Bank _____
Branch _____
Location and Code No. _____
Account No. _____
Distt. _____
State _____

Signature of the Pensioner
Name _____
Address _____
_____
_____

OPTION OF THE PENSIONER INDICATING NAME AND FULL ADDRESS OF THE AUTHORISED PUBLIC SECTOR BANKS

Name of the Bank _____
Branch _____
Location and Code No. _____
Account No. _____
Distt. _____
State _____

Signature of the Pensioner
Name _____
Address _____
_____

**FORM 1**

FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF PENSION WITHOUT MEDICAL EXAMINATION

[See Rules 5 (2), 6(1), 12, 13 (1) and (2), 14 (1) and (2), 15 (1) and (2) and 16 (1) and (2)]
(To be submitted in duplicate after retirement but within one year of the date of retirement)

**PART – I**

To

**The Pay and Accounts Officer,**
O/o the Accountant General (A&E),
Himachal Pradesh, Shimla-171003

**Subject: COMMUTATION OF PENSION WITHOUT MEDICAL EXAMINATION.**

Sir,

I desire to commute a fraction of my pension as indicated below in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981. The necessary particulars are furnished below –

1. Name (in BLOCK LETTERS) _____
2. Father's name (also husband's namein the case of a female Government servant ) _____
3. Designation at the time of retirement _____
4. Name of Office/Department/Ministry in which employed _____
5. Date of birth (by Christian era) _____
6. Date of retirement _____
7. Class of pension on which retired _____
8. Amount of pension authorized. (In case final amount of pension has not been authorised, indicate the amount of provisionalpension sanctioned under Rule 64 of the Central Civil Services (Pension) Rules, 1972] _____
9. *Fraction of pension proposed to be commuted. _____
10. Designation of the Accounts Officer who authorized the pension and the number and date

*The application should indicate the fraction of the amount of monthly pension (subject to maximum of 40% thereof) which he desires to commute and not the amount in rupees.

11.**Disbursing authority for payment of pension:

(a) Treasury/Sub-Treasury (Name and complete address of the Treasury/Sub-Treasury to be indicated) _____

_____

(b) (i) Branch of the Nationalized Bank with complete postal address _____

(ii) Bank Account No. to which monthly pension is being credited each month _____

(c) Accounts Officer of the Ministry/Department/Office. _____

Place:
Date:

Signature
(Postal Address)

_____

_____

_____

---

**Score out which is not applicable.

The payment of commuted value of the pension shall be made through the disbursing authority from which pension is being drawn. It is not open to an applicant to draw the commuted value of pension from a disbursing authority other than the disbursing authority from which pension is being drawn.

**FORM 1**

FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF PENSION WITHOUT MEDICAL EXAMINATION

[See Rules 5 (2), 6(1), 12, 13 (1) and (2), 14 (1) and (2), 15 (1) and (2) and 16 (1) and (2)]
(To be submitted in duplicate after retirement but within one year of the date of retirement)

**PART – I**

To

**The Pay and Accounts Officer,**
O/o the Accountant General (A&E),
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**Subject: COMMUTATION OF PENSION WITHOUT MEDICAL EXAMINATION.**

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1. Name (in BLOCK LETTERS) _____
2. Father's name (also husband's namein the case of a female Government servant ) _____
3. Designation at the time of retirement _____
4. Name of Office/Department/Ministry in which employed _____
5. Date of birth (by Christian era) _____
6. Date of retirement _____
7. Class of pension on which retired _____
8. Amount of pension authorized. (In case final amount of pension has not been authorised, indicate the amount of provisionalpension sanctioned under Rule 64 of the Central Civil Services (Pension) Rules, 1972] _____
9. *Fraction of pension proposed to be commuted. _____
10. Designation of the Accounts Officer who authorized the pension and the number and date

*The application should indicate the fraction of the amount of monthly pension (subject to maximum of 40% thereof) which he desires to commute and not the amount in rupees.

11.**Disbursing authority for payment of pension:

(a) Treasury/Sub-Treasury (Name and complete address of the Treasury/Sub-Treasury to be indicated) _____

_____

(b) (i) Branch of the Nationalized Bank with complete postal address _____

(ii) Bank Account No. to which monthly pension is being credited each month _____

(c) Accounts Officer of the Ministry/Department/Office. _____

Place:
Date:

Signature
(Postal Address)

_____

_____

_____

---

**Score out which is not applicable.

The payment of commuted value of the pension shall be made through the disbursing authority from which pension is being drawn. It is not open to an applicant to draw the commuted value of pension from a disbursing authority other than the disbursing authority from which pension is being drawn.

**Form 25**
**Revised**

**FORM OF APPLICATION FOR PERMISSION TO CENTRAL SERVICES OFFICERS TO ACCEPT COMMERCIAL EMPLOYMENT WITHIN A PERIOD OF ONE YEAR AFTER RETIREMENT.**

**{Rule 10(1) of CCS (Pension) Rules, 1972}**

**A. PARTICULARS OF OFFICER**

| | | |
|---|---|---|
| 1. | Name of the Pensioner(IN BLOCK LETTERS) | |
| 2. | Date of retirement | |
| 3. | Particulars of the Ministry/Department/Offices in which the pensioner served during the last five years preceding retirement (with duration) | |
| 4. | Post held at the time of Retirement and period for which held | |
| 5. | Pay scale/Pay Band & Grade Pay of the post and the Pay drawn by the officer at the time of retirement | |
| 6. | Pensionary benefits<br>(a) Gross monthly Pension sanctioned/expected.<br>(b) Commutation, if any.<br>(c) Gratuity, if any. | |

**B. PARTICULARS OF PROPOSED EMPLOYMENT**

| | | |
|---|---|---|
| 7. | Details regarding commercial employment proposed to be taken up:-<br><br>(a) (i) Name of organisation (firm or company or co-operative society, etc.).<br>(ii) Brief nature of the organisation.<br>(iii) Full address of the registered office of the organisation.<br>(iv) Permanent Account Number or Tax Identification Number or Registration Number of the organisation.<br><br>(b) Products being manufactured by the firm/type of business carried out by the firm etc.<br><br>(c) Whether the officer had during the last three years of his official career, any dealings with the firm or company or co-operative society, etc.<br><br>(d) Duration and nature of the Official dealing with the firm<br><br>(e) Name of the job/post offered<br><br>(f) Whether post was advertised, if not, how offer made (Attach Newspaper cutting of the advertisement and copy of the offer of appointment, if any)<br><br>(g) Description of the duties of the Post/job, Remuneration offered for the post/job.<br><br>(h) If proposing to set up practice, indicate:<br><br>(i) Professional Qualification in the field of practice<br>(ii) Nature of proposed practice | |
| 8 | Any other information which the Applicant desires to furnish in support of his request | |

9. **"DECLARATION:**

I hereby declare that –

(a) I have not been privy to sensitive or strategic information in the last three years of service, which is directly related to the areas of interest or work of the organisation that I propose to join or to the areas in which I propose to practice or consult.

(b) The proposed employment will not involve conflict of interest with the policies of the office held by me during the last three years and the interest represented or work undertaken by the organisation I propose to join will not bring me into conflict with the working of the Government.

(c) The organisation in which I am seeking employment is not involved in activities which are conflict with or prejudicial to India's foreign relations, national security and domestic harmony. The organisation is not undertaking any activity for intelligence gathering. The employment, which I propose to take up also will not entail activities which are in conflict with or involve activities prejudicial to India's foreign relations, national security and domestic harmony.

(d) My service record is clear, particularly with respect to integrity and dealings with Non-Government Organisations.

(e) The proposed emoluments and pecuniary benefits are in conformity with the industry standards.

(f) I agree to withdraw from the commercial employment in case of any objection by the Government.

**UNDERTAKING**

I hereby solemnly declare that the above information is true to the best of my knowledge and belief and that no material information has been concealed. In the event of any of the information being found to be false the permission may be withdrawn without assigning any reason and without prejudice to any other action the Government may consider appropriate including action under CCS (Pension) Rules, 1972 & criminal proceedings.

Signature of applicant

Date: .....

Place : .....

Address of the Applicant".

**Form 25**
**Revised**

**FORM OF APPLICATION FOR PERMISSION TO CENTRAL SERVICES OFFICERS TO ACCEPT COMMERCIAL EMPLOYMENT WITHIN A PERIOD OF ONE YEAR AFTER RETIREMENT.**

**{Rule 10(1) of CCS (Pension) Rules, 1972}**

## A. PARTICULARS OF OFFICER

| | | |
|---|---|---|
| 1. | Name of the Pensioner(IN BLOCK LETTERS) | |
| 2. | Date of retirement | |
| 3. | Particulars of the Ministry/Department/Offices in which the pensioner served during the last five years preceding retirement (with duration) | |
| 4. | Post held at the time of Retirement and period for which held | |
| 5. | Pay scale/Pay Band & Grade Pay of the post and the Pay drawn by the officer at the time of retirement | |
| 6. | Pensionary benefits<br>(a) Gross monthly Pension sanctioned/expected.<br>(b) Commutation, if any.<br>(c) Gratuity, if any. | |

## B. PARTICULARS OF PROPOSED EMPLOYMENT

| | | |
|---|---|---|
| 7. | Details regarding commercial employment proposed to be taken up:-<br><br>(a) (i) Name of organisation (firm or company or co-operative society, etc.).<br>(ii) Brief nature of the organisation.<br>(iii) Full address of the registered office of the organisation.<br>(iv) Permanent Account Number or Tax Identification Number or Registration Number of the organisation.<br><br>(b) Products being manufactured by the firm/type of business carried out by the firm etc.<br><br>(c) Whether the officer had during the last three years of his official career, any dealings with the firm or company or co-operative society, etc.<br><br>(d) Duration and nature of the Official dealing with the firm<br><br>(e) Name of the job/post offered<br><br>(f) Whether post was advertised, if not, how offer made (Attach Newspaper cutting of the advertisement and copy of the offer of appointment, if any)<br><br>(g) Description of the duties of the Post/job, Remuneration offered for the post/job.<br><br>(h) If proposing to set up practice, indicate:<br><br>(i) Professional Qualification in the field of practice<br>(ii) Nature of proposed practice | |
| 8 | Any other information which the Applicant desires to furnish in support of his request | |

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(b) The proposed employment will not involve conflict of interest with the policies of the office held by me during the last three years and the interest represented or work undertaken by the organisation I propose to join will not bring me into conflict with the working of the Government.

(c) The organisation in which I am seeking employment is not involved in activities which are conflict with or prejudicial to India's foreign relations, national security and domestic harmony. The organisation is not undertaking any activity for intelligence gathering. The employment, which I propose to take up also will not entail activities which are in conflict with or involve activities prejudicial to India's foreign relations, national security and domestic harmony.

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(f) I agree to withdraw from the commercial employment in case of any objection by the Government.

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I hereby solemnly declare that the above information is true to the best of my knowledge and belief and that no material information has been concealed. In the event of any of the information being found to be false the permission may be withdrawn without assigning any reason and without prejudice to any other action the Government may consider appropriate including action under CCS (Pension) Rules, 1972 & criminal proceedings.

Signature of applicant

Date: .....

Place : .....

Address of the Applicant".

**"Anubhav"**

**Form for submitting details of outstanding work done**

[May be submitted by a retiring employee six months before the date of superannuation or after the competent authority has approved his retirement or his retirement has become effective, as the case may be]

**PART I – Personal Details: Photo**

1. Name:

2. Designation:

3. Aadhar No.:

4. PAN No.:

5. Ministry/Department & Office address:

6. Date of Birth

7. Mobile number & Email id:

8. Correspondence Address:

9. Head of Office:

10. Cadre Controlling Authority

State allotted (For AIS only

**PART II – Commendable Work:**

11. Work to be highlighted (Work may relate to previous assignments as well. Inputs up to 5000 words including outcome, suggestions and names of team members. In case additional information is required to be attached, the same may be uploaded as PDF document):

12. Documents, if any, to be attached:

13. Suggestions, if any:

14. Work in (11) above is/are in the category:

(a) Good Governance

(b) Government process re-engineering

(c) Simplification of procedures

(d) Administration

(e) Accounts

(f) IT

(g) Research

(h) Others

15. Whether willing to volunteer for social work post-retirement:

16. Would you like to receive feedback through e-mail. If so, e-mail ID may be provided.

17. Declaration:-

(a) The information is true & correct to the best of my knowledge.

(b) The information is not sensitive and is not such as to compromised national security or integrity.

(c) The comments are not against any gender, caste or religion.

(d) The comments are not political in nature.

(e) Government will not be responsible for any misuse of this information.

(Signature)

Remarks of the Head of Office:

(Signature and stamp of Head of Office)

Administrative Head/Designated Authority

**Note:**

a. If any of the pre-filled information is not available in the form (select options only), please get in touch with the concerned officer in your department to get the details updated.

b. Please ensure that you have filled the form with correct information and have uploaded a recent photograph, as the information submitted will be checked for correctness and quality. Incorrect data will be rejected.

## "Anubhav"

### Form for submitting details of outstanding work done

[May be submitted by a retiring employee six months before the date of superannuation or after the competent authority has approved his retirement or his retirement has become effective, as the case may be]

**PART I – Personal Details: Photo**

1. Name:

2. Designation:

3. Aadhar No.:

4. PAN No.:

5. Ministry/Department & Office address:

6. Date of Birth

7. Mobile number & Email id:

8. Correspondence Address:

9. Head of Office:

10. Cadre Controlling Authority

State allotted (For AIS only

**PART II – Commendable Work:**

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12. Documents, if any, to be attached:

13. Suggestions, if any:

14. Work in (11) above is/are in the category:

(a) Good Governance

(b) Government process re-engineering

(c) Simplification of procedures

(d) Administration

(e) Accounts

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(g) Research

(h) Others

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Remarks of the Head of Office:

(Signature and stamp of Head of Office)

Administrative Head/Designated Authority

**Note:**

a. If any of the pre-filled information is not available in the form (select options only), please get in touch with the concerned officer in your department to get the details updated.

b. Please ensure that you have filled the form with correct information and have uploaded a recent photograph, as the information submitted will be checked for correctness and quality. Incorrect data will be rejected.

## PRE-RECEIPTED BILL

Received the sum of Rs. _____ (Rupees_____) being the total entitlement of Rs. _____ from Insurance Fund and/or of Rs _____ from the Saving Fund, accrued to Shri/Smt. _____ Designation _____ Group A/B/C/D under the Central Govt. Employees Group Insurance Scheme, 1980.

Signature (s) of Recipient (s)
(Name In Block Letters)

### FOR USE IN DEPARTMENT OFFICE

(a) Relevant bio-data of the member :-

1. Type of Group of the member (i.e. lowest group) viz. D/C/B/A on initially joining the scheme on _____19__

2. Year if acquiring membership of higher group :-

(i) C 19___
(ii) B 19___
(iii) A 19___

(b) Countersigned for payment of Rs _____ (Rupees _____) to claimant (s). crossed Cheque/Demand Draft to be issued in favour of claimant (s)

8011 Insurance and Pension Fund
Central Govt. Employees group
Insurance Scheme (New Minor Head) _____
Insurance Fund (Sub-Head) _____
Saving Fund (Sub-Head) _____

(Signature) _____

(Date): _____

Designation of D.D.O. _____

### FOR USE IN PAY AND ACCOUNTS OFFICE

Passed for payment of Rs _____ Rupees

_____

_____

Payment through Cheque(s) No. Dated: -

Pay & Accounts Officer

## PRE-RECEIPTED BILL

Received the sum of Rs. _____ (Rupees_____) being the total entitlement of Rs. _____ from Insurance Fund and/or of Rs _____ from the Saving Fund, accrued to Shri/Smt. _____ Designation _____ Group A/B/C/D under the Central Govt. Employees Group Insurance Scheme, 1980.

Signature (s) of Recipient (s)
(Name In Block Letters)

### FOR USE IN DEPARTMENT OFFICE

(a) Relevant bio-data of the member :-

1. Type of Group of the member (i.e. lowest group) viz. D/C/B/A on initially joining the scheme on _____19__

2. Year if acquiring membership of higher group :-

(i) C 19___
(ii) B 19___
(iii) A 19___

(b) Countersigned for payment of Rs _____ (Rupees _____) to claimant (s). crossed Cheque/Demand Draft to be issued in favour of claimant (s)

8011 Insurance and Pension Fund
Central Govt. Employees group
Insurance Scheme (New Minor Head) _____
Insurance Fund (Sub-Head) _____
Saving Fund (Sub-Head) _____

(Signature) _____

(Date): _____

Designation of D.D.O. _____

### FOR USE IN PAY AND ACCOUNTS OFFICE

Passed for payment of Rs _____ Rupees

_____

_____

Payment through Cheque(s) No. Dated: -

Pay & Accounts Officer

(FOR USE BY HEADS OF OFFICES)

Encls. Dated Forwarded to the Accountant General (A&E), H.P. Shimla-3 for necessary action.

2. The Provident Fund Account No. of Shri/Ms._____ is PAO-HIM_____.

3. He/She has finally retired / has resigned finally from Govt. service and his/her resignation has been accepted w.e.f. _____AN/FN. He joined service with _____on_____ AN/FN.

4. The last fund deduction was made from his/her pay in this office Bill No._____ dated_____ For Rs. _____(Rs. _____) cash voucher No. _____ of PAO, the amount of deduction being Rs. _____and recovery on account of refund of advance, Rs. _____.

5. Certified that he/she was neither sanctioned any temporary advance or any final withdrawal from his/her Provident Fund Account during the 12 months immediately preceding the date his/her quitting service under Central Govt. / proceeding on leave preparatory to retirement or thereafter.

Or

Certified that the following temporary advance / final withdrawal 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 Central Government/ proceeding on leave preparatory to retirement or thereafter.

| | Amount of advance/withdrawal | 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 Govt. service with prior permission of the Central Govt.to take up an appointment in another Deptt. Of the central Govt. or under a state Govt. or under a body corporate owned or controlled by the State.

(Signature of Head of Office/Deptt.)

*Certificate No. 5 to be finished in the case of Contributory Provident Fund Only.
**Please score out if not necessary.

Form of Application for Final Payment of the General Provident Fund Account

To

The Pr. Accountant General (A&E)
Himachal Pradesh, Shimla-171003

(Through the Head of Office)

Sir,

I am to retire/have retired/have resigned finally from Govt. service 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 desired to receive payment through my office / through the _____Treasury/ Sub- Treasury. *Particulars on my personal marks of identification, left hand thumb and finger impression (in the case of illiterate subscribers) in duplicate, duly attested by a Gazetted Officer of the Government, are enclosed.

4. The under – mentioned Life Insurance Policies were being financed by me from my Provident Fund Account.

| | Policy Number | Name Of the Company | Sum assured |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Yours faithfully,

Signature_____
NAME: _____
Address: _____
_____
_____

Station:
Date:

(FOR USE BY HEADS OF OFFICES)

Encls. Dated Forwarded to the Accountant General (A&E), H.P. Shimla-3 for necessary action.

2. The Provident Fund Account No. of Shri/Ms._____ is PAO-HIM_____.

3. He/She has finally retired / has resigned finally from Govt. service and his/her resignation has been accepted w.e.f. _____AN/FN. He joined service with _____on_____ AN/FN.

4. The last fund deduction was made from his/her pay in this office Bill No._____ dated_____ For Rs. _____(Rs. _____) cash voucher No. _____ of PAO, the amount of deduction being Rs. _____and recovery on account of refund of advance, Rs. _____.

5. Certified that he/she was neither sanctioned any temporary advance or any final withdrawal from his/her Provident Fund Account during the 12 months immediately preceding the date his/her quitting service under Central Govt. / proceeding on leave preparatory to retirement or thereafter.

Or

Certified that the following temporary advance / final withdrawal 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 Central Government/ proceeding on leave preparatory to retirement or thereafter.

| | Amount of advance/withdrawal | 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 Govt. service with prior permission of the Central Govt.to take up an appointment in another Deptt. Of the central Govt. or under a state Govt. or under a body corporate owned or controlled by the State.

(Signature of Head of Office/Deptt.)

*Certificate No. 5 to be finished in the case of Contributory Provident Fund Only.

**Please score out if not necessary.

Form of Application for Final Payment of the General Provident Fund Account

To

The Pr. Accountant General (A&E)
Himachal Pradesh, Shimla-171003

(Through the Head of Office)

Sir,

I am to retire/have retired/have resigned finally from Govt. service 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 desired to receive payment through my office / through the _____Treasury/ Sub- Treasury. *Particulars on my personal marks of identification, left hand thumb and finger impression (in the case of illiterate subscribers) in duplicate, duly attested by a Gazetted Officer of the Government, are enclosed.

4. The under – mentioned Life Insurance Policies were being financed by me from my Provident Fund Account.

| | Policy Number | Name Of the Company | Sum assured |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Yours faithfully,

Signature_____
NAME: _____
Address: _____
_____
_____

Station:
Date: