

FORM OTC - 80C

(See SR-669)

**FORM OF APPLICATION FOR FINAL PAYMENT OF BALANCES IN THE
GENERAL PROVIDENT FUND ACCOUNT
(TO BE USED BY THE NOMINEE OR ANY OTHER CLAIMANTS WHERE NO
NOMINATION SUBSISTS)**

To

**The Accountant General (A & E)
Odisha Bhubaneswar**

Madam/Sir,

It is requested that arrangements may kindly be made for payment of the accumulations in the General Provident Fund Account of Sri/Smt./Kumari/ Miss_____.

The necessary particulars required in this connection are given below:-

1. Name of the Government Servant _____
2. Date of Birth _____
3. Post held by Government Servant _____
4. Date of Death _____
5. Proof of death in the Form of Death Certificate issued by competent Authority(Attached)
6. Provident Fund Account Number allotted to the deceased subscriber _____
7. Amount of Provident Fund money standing to the credit of the subscriber at the time of death, if known _____

8. Details of Nominee alive on the date of death of the subscriber, if a nomination subsists:-

Sl. No	Name of the Nominees	Relationship with the Subscriber	Religion	Age on the date of death	Share of the Nominees	Bank Account No.	IFS Code	Mobile Number
1.								
2.								

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

Sl. No	Name	Relationship with the Subscriber	Religion	Age on the date of death	Bank Account No.	IFS Code	Mobile Number
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, it should be stated against the name whether her husband is alive on the date of death of the subscriber.

Sl. No	Name	Relationship with the Subscriber	Religion	Age on the date of death	Bank Account No.	IFS Code	Mobile Number
1.							
2.							

11. In the case of amount due to a minor child whose mother (widow of the 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 name of the persons to whom the provident fund money is payable is to be supported by letters of Probate or Succession Certificate.

Sl. No	Name	Relationship with the Subscriber	Religion	Age on the date of death	Bank Account No.	IFS Code	Mobile Number
1.							
2.							
3.							
4.							

13.The payment is desired through the Office of the State Pension Treasury, Bhubaneswar.

Place:

Yours faithfully,

Date:

Signature of the Claimant

Full Name & Address

FOR USE BY HEAD OF OFFICE

- Forwarded to the Accountant General, (A & E) Odisha Bhubaneswar/Controller of Accounts, Odisha Bhubaneswar for necessary action. The particulars furnished above are duly verified.
- The Provident Fund Account Number of Sri/Smt./Kumari/ Miss _____ as verified from the statements furnished to him/her from year to year) is _____
- He/She died on _____.
- The last fund deduction was made from his/her Pay from the month of _____ drawn in this Office Bill No. _____ dated _____ for Rs. _____ (Rupees _____) Challan/Voucher No. _____ of District/Special Treasury _____ , the amount of deduction being Rs. _____ (Rupees _____) and recovery on account of refund of advance Rs. _____ (Rupees _____)
- Certified that he/she was neither sanctioned any Temporary Advance nor any Part-final withdrawal from his Provident Fund Account No _____ during twelve months immediately preceding the date of his/her Death.

OR

- Certified that the following Temporary Advance/ Part-final withdrawals were sanctioned to him/her and drawn from his/her Provident Fund Account No. _____ during the twelve months immediately preceding the date of his/her Death :-

Temporary Advances				Part-Final withdrawal			
Amount of Adv.	Voucher No	Voucher Date	Treasury	Amount of Adv.	Voucher No	Voucher Date	Treasury

E-Sign of the Head
of Office / Department