**Annexure-III**

**[G.O.Ms.No.321, Finance (Pension) Department, Dated 15th October 2019.]**

**APPLICATION FOR FINAL CLOSURE OF G.P.F.**

**(To be submit Triplicate to Head of Office / To be send in Duplicate to A.G.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **PART-I** | |  |
| **1.** | **(a) Name** | **of the** | **subscriber** | | **:**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | |  |
|  | **(Govt. Employee)** | | **(IN** | **CAPITAL** |  |  |
|  | **LETTERS).** |  |  |  |  |  |
|  | **(b) Designation** | |  |  | **:** |  |
|  | **(c) Office / Department** | | |  | **:** |  |
|  |  |  |  |  |  |  |
| **2.** | **(a) G.P.F.** | **Account** | **No.** | **with** | **:** | **/** |
|  | **suffix.** |  |  |  |  |  |
|  | **(b) Employee ID** | |  |  | **:** |  |
|  | **(c) Mobile/Cell Phone No.** | | |  | **:** |  |
|  | **(d) e-Mail Address** | |  |  | **:** |  |
| **3.** | **(a) Father’s** | **Name** | **of** | **the** | **:** |  |
|  | **Government Employee.** | | | |  |  |
|  | **(b) Husband’s Name in the case** | | | | **:** |  |
|  | **of Female Govt. Employee.** | | | |  |  |



1. **Residential Address of the : subscriber (Govt. Employee)**

**(a) Present Address** **:**

**(b) Address after Retirement** **:**

**5. Religion of the subscriber** **:**

1. **(a) Name of the Applicant / : Guardian in case of minor /**

**mentally retarded child.**

**[Applicable only for Death Cases].**

**(b) Relationship with Subscriber. :**

**(c) Residential Address** **:**

**7. (A) Date of Birth** **:**

**(B) Date of Joining** **:**

 **D D M M Y YYY**

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 **D D M M Y YYY**

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**25 **

1. **Event necessitating closure : of Account**

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| D | D | M | M | Y | Y |  |  |

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| **(1) Date of Retirement on** | **:** | **DDMMYYYY** | | | | |
| **(i) Superannuation** | **:** |  |  |  |  |  |

1. **Voluntary Retirement (copy : of orders to be enclosed)**
2. **Resignation (attach a copy of the orders of acceptance of resignation)**
3. **Dismissal / Removal / Compulsory Retirement / Medical Invalidation (copy of orders to be enclosed)**
   1. **Have you preferred an appeal?**
   2. **If yes, date of its disposal / withdrawal.**

**:**

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| **:** | **Yes** |  | **No** |
| **:** |  |  |  |
|  |  |  |

1. **If no, date of expiry of : appeal time.**
   * 1. **If no appeal has been preferred.- Give an undertaking that no appeal will be preferred in future.**
   1. **Drawing Officer with full postal address and PIN code.**
   2. **Treasury / PAO**
2. **Date of Death**
   1. **Has the subscriber filed any nomination (If yes, enclose nomination in original)**
   2. **If No or if the nomination has been rendered null and void who are the surviving family members on the date of death of the subscriber (Enclose a Legal Heir ship Certificate)**

**Details of the members of Family.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No** | **Name (s)** | **Date of Birth** | **Relationship with Government Servants** | **Marital Status** | **Whether Handicapped / Mentally Retarded** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

* **I hereby undertake that no appeal shall be preferred by me against my dismissal / removal /**

**Compulsory retirement / invalidation.(Strike out whichever isnot applicable)**

|  |  |  |  |  |  |  |  |
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* ** D D M M Y YYY**

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| **:** | **Yes** |  | **No** |
| **:** |  |  |  |
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**26 **

1. **Did the nominee die after : the subscriber but before receiving payment Please furnish details thereof**
2. **If there is no nomination : and if the Subscriber has left no family to whom should the money be paid? (Enclose Letters of Probate or Succession Certificate)**
3. **Drawing Officer with full : postal address and PIN code.**

|  |  |
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| **(vi) Treasury / PAO** | **:** |
| **(3) Transfer of Balance** | **:** |

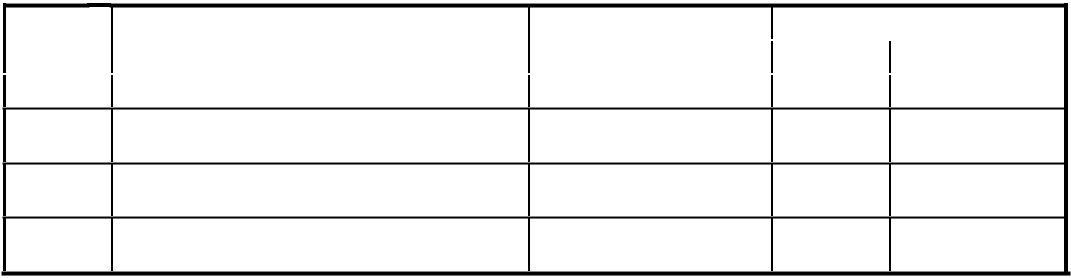
1. **Date of absorption on : permanent basis**
2. **Organisation to which : transferred / joined on permanent basis**
3. **Is the absorption with the :**

**approval of State Government? If so, details of orders may be furnished?**

1. **Accounts Officer to whom : the balance is to be transferred.**
2. **Demand Draft / Pay Order : to be drawn in favour of**

**(vi) Payable at** **:**

1. **Office served in the last three : years.**

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| **S.No** | **Office with Address** | **Designation** | **Period** | |
| **From** | **To** |
|  |  |  |  |  |
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| **Sl.No.** | **Office with Address** | **Designation** |  | **PERIOD** |
|  |  |
| **From** | **To** |
|  |  |  |
|  |  |  |  |  |
| **(1)** | **(2)** | **(3)** | **(4)** | **(5)** |

**1.**

**2.**

**3.**

**DECLARATIONS**

**I do hereby declare to refund any excess payment arising out of clerical errors in the settlement of GPF claims.**

**Place :**

**Date :** **Signature of**

**Subscriber/Claimant**

**with Date.**

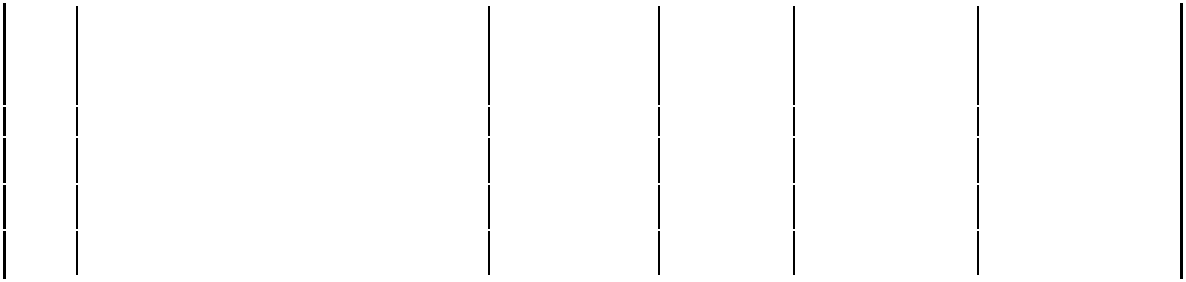
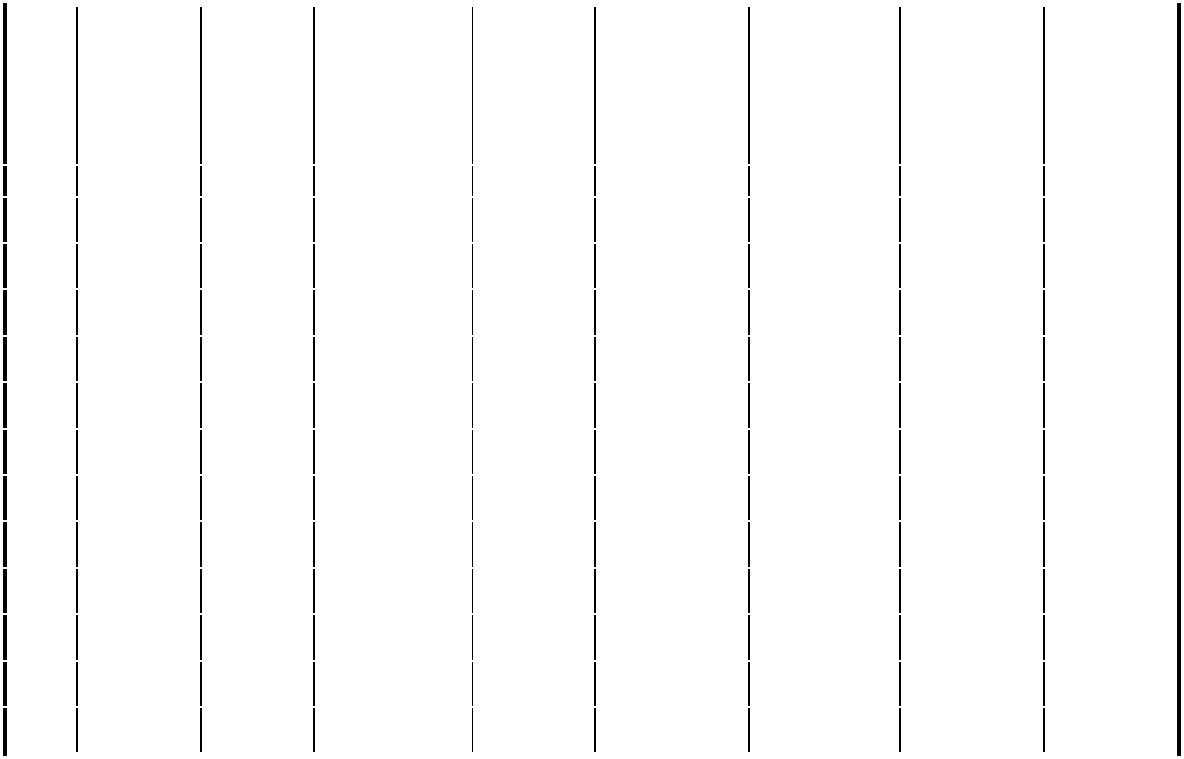
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**27 **

**PART-II**

**TO BE FILLED IN BY THE DEPARTMENTAL OFFICER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **1.** | **Name of the Subscriber** | | |  | **:** |  |  |  |  |  |  |
|  |  | **2.** | **Designation** | |  |  | **:** |  |  |  |  |  |  |
|  |  | **3.** | **Office / Department** | | |  | **:** |  |  |  |  |  |  |
|  |  |  | **Phone No. with STD Code and** | | | |  |  |  |  |  |  |  |
|  |  |  | **email adress** | |  |  |  |  |  |  |  |  |  |
|  |  | **4.** | **G.P.F. Account No.** | | |  | **:** |  |  |  |  |  |  |
|  |  | **5.** | **Credit particulars for the last 12** | | | | **:** |  |  |  |  |  |  |
|  |  |  | **months of service.** | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **Total** | |  |  |  |  | **Voucher** |
|  |  |  |  | **GPF** | **Recovery** | **Refund** |  | **Date &** |  | **Sub-** | **No./** |
|  |  | **Sl.** | **Pay for** | **Amount** | |  |  |
|  |  | **Subs.** | **/ Refund** | **Instal** | **Place of** | | **Head of** | | **Token** |
|  |  | **No.** | **Month** | **of Cr.** | |
|  |  | **Rs.** | **Rs.** | **ment** | **Payment** | | **Account.** | | **No. and** |
|  |  |  |  | **Schedule.** | |
|  |  |  |  |  |  |  |  |  |  |  | **Date** |
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|  |  | **(1)** | **(2)** | **(3)** | **(4)** | **(5)** |  | **(6)** |  | **(7)** |  | **(8)** | **(9)** |
|  |  | **1.** |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | **6.** |  |  |  |  |  | |  |  |  | |  |
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|  |  | **10.** |  |  |  |  |  | |  |  |  |  |  |
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|  |  | **11.** |  |  |  |  |  | |  |  |  |  |  |
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|  |  | **12.** |  |  |  |  |  | |  |  |  |  |  |
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|  |  | **6.** | **Debit particulars for last 12** | | |  | **:** |  |  |  |  |  |  |
|  |  |  | **months of service.** | | |  |  |  |  |  |  |  |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **SI.No** | **Name of Withdrawal** | **Sanction Order No. and Date** | **Amount** | **Date and Place of Payment** | **Voucher No**  **Token No.**  **And Date** | | **1.** | **Temporary Advance** |  |  |  |  | | **2.** | **Part Final Withdrawal** |  |  |  |  | | **3.** | **90% of Part Final Withdrawal** |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  | |
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**CERTIFICATE**

**It is certified that all the particulars furnished above have been fully verified with reference to office records and are found correct.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SI.No** | **Name of Withdrawal** | **Sanction Order No. and Date** | **Amount** | **Date and Place of Payment** | **Voucher No**  **Token No.**  **And Date** |
| **1.** | **Temporary Advance** |  |  |  |  |
| **2.** | **Part Final Withdrawal** |  |  |  |  |
| **3.** | **90% of Part Final Withdrawal** |  |  |  |  |

**Place :**

|  |  |
| --- | --- |
| **Date :** | **Signature of the Head of Office /** |
|  | **Department with Seal.** |

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**28 **

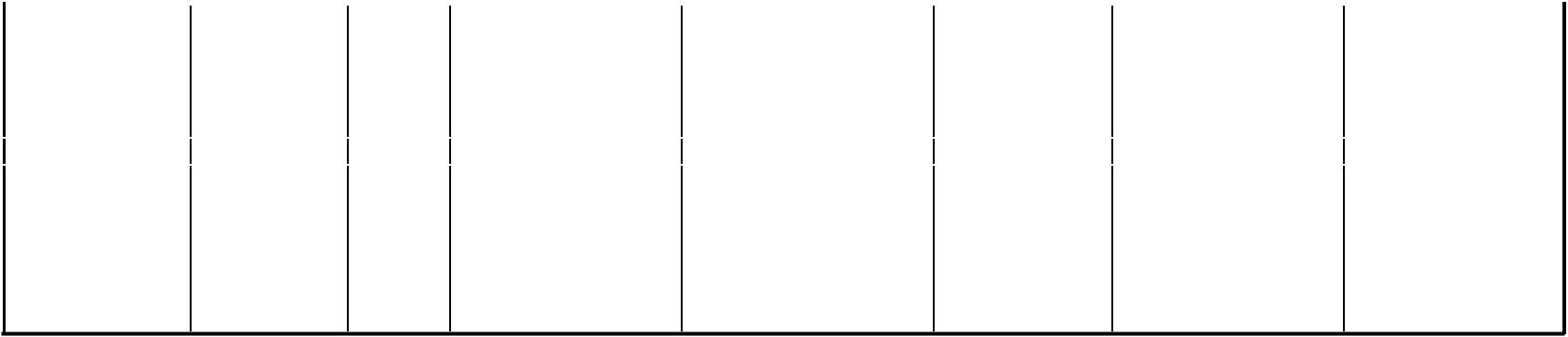
**NOMINATION FOR GENERAL PROVIDENT FUND**

**For use by subscribers having family.**

**[See Rule 7(3) of the General Provident Fund (Tamil Nadu) Rules.]**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby nominate the person(s) mentioned below who is/are**

**member(s) of my family as defined in rule 2 of the General Provident Fund (Tamil Nadu) Rules, to receive the amount that may stand to my credit in the fund as indicated below, in the event of my death before that amount has become payable or having become payable has not been paid.**

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name, Date of**  **Birth (DoB) and**  **address of the**  **nominee(s).Sa** | **Relationship**  **with the**  **subscriber.** | **Share**  **to be**  **paid to**  **each** | **If nominee is minor,**  **name, DoB and**  **address of the**  **person who may**  **receive the amount**  **on behalf of minor.** | **Name, DoB and**  **address of alternate**  **nominee in case the**  **nominee under column**  **(1) predeceases the**  **subscriber.** | **Relationship**  **with subscriber** | **Name, DoB and**  **address of person**  **who may receive the**  **amount if alternate**  **nominee in Column**  **(5) is a minor.** | **Contingency on**  **happening of which**  **nomination shall**  **become invalid.** |
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| **(1)** | **(2)** | **(3)** | **(4)** | **(5)** | **(6)** | **(7)** | **(8)** |
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**These nominations supersede any nomination made by me earlier.**

**Place** **:** **Signature of the Government**

**Servant (Subscriber).**

**Date** **:**

**Signature of two witnesses with Name and Address:**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **Name** | **:** |  |
|  | **Address** | **:** |  |
| **2.** | **Name** | **:** |  |
|  | **Address** | **:** |  |

**P.T.O.**

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**29 **

**(To be filled in by the Head of Office / authorized Officer)**

**Received the nomination, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_ under Rule 7(3) of Tamil Nadu General Provident Fund Rules made by**

**Thiru/Tmt./Selvi** **:**

**Designation** **:**

**Office** **:**

**Entry of receipt of nomination(s) has been made in Page \_\_\_\_\_\_\_\_ Volume \_\_\_\_\_\_\_\_ of Service Book.**

**-/ Countersigned /-**

**Signature of Head of Office.**

**Office Address:**

**The receiving officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.**

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**30 **

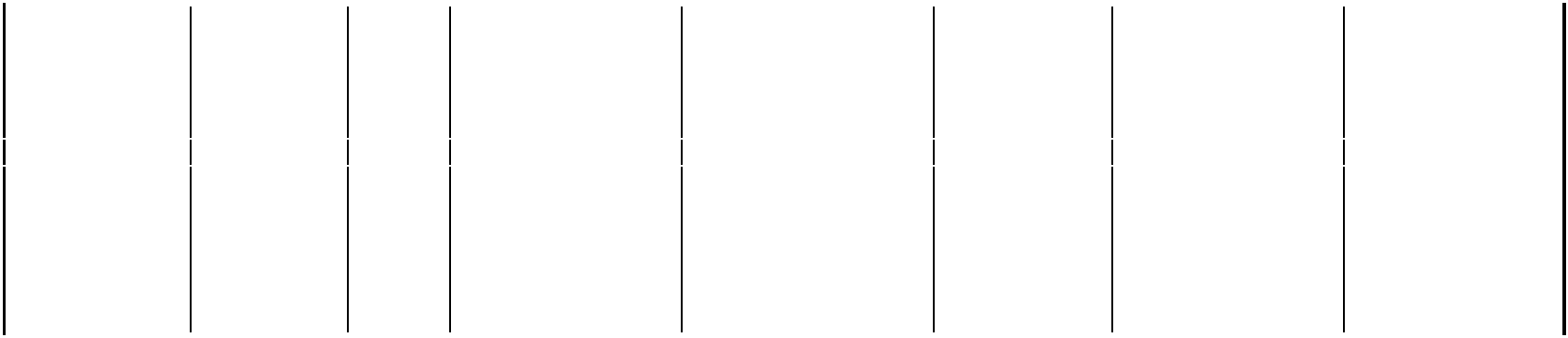
**NOMINATION FOR GENERAL PROVIDENT FUND**

**For use by subscribers having no family.**

**[See Rule 7(3) of the General Provident Fund (Tamil Nadu) Rules.]**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, having no family as defined in Rule 2 of the General Provident Fund (Tamil**

**Nadu) Rules hereby nominate the person/persons mentioned below to receive the amount that may stand to my credit in the fund, as indicated below in the event of my death before that amount has become payable or having become payable has not been paid. This nomination shall become invalid in the event of my subsequently acquiring a family.**

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name, Date of**  **Birth (DoB) and**  **address of the**  **nominee(s).Sa** | **Relationship**  **with the**  **subscriber.** | **Share**  **to be**  **paid to**  **each** | **If nominee is minor,**  **name, DoB and**  **address of the**  **person who may**  **receive the amount**  **on behalf of minor.** | **Name, DoB and**  **address of alternate**  **nominee in case the**  **nominee under column**  **(1) predeceases the**  **subscriber.** | **Relationship**  **with subscriber** | **Name, DoB and**  **address of person**  **who may receive the**  **amount if alternate**  **nominee in Column**  **(5) is a minor.** | **Contingency on**  **happening of which**  **nomination shall**  **become invalid.** |
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| **(1)** | **(2)** | **(3)** | **(4)** | **(5)** | **(6)** | **(7)** | **(8)** |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **If nominee is minor,** | **Name, DoB and** |  | **Name, DoB and** |  |
|  | **Name, Date of** | **Relationship** | **Share** | **name, DoB and** | **address of alternate** |  | **address of person** | **Contingency on** |
|  | **Birth (DoB) and** | **to be** | **address of the** | **nominee in case the** | **Relationship** | **who may receive the** | **happening of which** |
|  | **with the** |
|  | **address of the** | **paid to** | **person who may** | **nominee under column** | **with subscriber** | **amount if alternate** | **nomination shall** |
|  | **subscriber.** |
|  | **nominee(s).** | **each** | **receive the amount** | **(1) predeceases the** |  | **nominee in Column** | **become invalid.** |
|  |  |  |
|  |  |  |  | **on behalf of minor.** | **subscriber.** |  | **(5) is a minor.** |  |
|  | **(1)** | **(2)** | **(3)** | **(4)** | **(5)** | **(6)** | **(7)** | **(8)** |

|  |  |  |
| --- | --- | --- |
|  |  | **These nominations supersede any nomination made by me earlier.** |
| **Place** | **:** | **Coimbatore Signature of the Government** |
|  |  | **Servant (Subscriber).** |
| **Date** | **:** |  |

**Signature of two witnesses with Name and Address:**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **Name** | **:** |  |
|  | **Address** | **:** |  |
| **2.** | **Name** | **:** |  |
|  | **Address** | **:** |  |

**P.T.O.**

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**31 **

**(To be filled in by the Head of Office / authorized Officer)**

**Received the nomination, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_ under Rule 7(3) of the General Provident Fund (Tamil Nadu) Rules made by**

|  |  |
| --- | --- |
| **Thiru/Tmt./Selvi** | **:** |
| **Designation** | **:** |
| **Office** | **:** |

**Entry of receipt of nomination(s) has been made in Page \_\_\_\_\_\_\_\_ Volume \_\_\_\_\_\_\_\_ of Service Book.**

**-/ Countersigned /-**

**Signature of Head of Office.**

**Office Address:**

**The receiving officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.**

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**32 **