

GOVT. OF NCT OF DELHI  
OFFICE OF THE CHIEF CONTROLLER OF ACCOUNTS (Finance)  
OFF. PULHARAS RAJAWALY, CON. BLDG. DELHI - 110054

NO. 270/2015-16

Date: 26/06/2015

To  
All Heads of Departments,  
Govt. of NCT of Delhi,  
Delhi (New Delhi)

Subject: Submission of GPF Final Payment Copy of the Salaries on their retirement.  
Accounts

Reference is made to Govt. No. 12074/2015, dated 23/06/2015, No. 270/2015-16/2015-16, dated 23/06/2015, Govt. No. 1079/2015, dated 10/06/2015 and No. 12074/2015, dated 23/06/2015, dated 23/06/2015, of the Controller of Accounts, Principal Accounts Office, Govt. of NCT of Delhi, on the subject captioned, with these terms, necessary instructions were issued to all the Heads of Departments, Govt. of NCT of Delhi, for submission of GPF Final Payment Copy of the Salaries on their retirement. All the Heads of Departments, Govt. of NCT of Delhi, are requested to submit the GPF Final Payment Copy of the Salaries on their retirement to the Controller of Accounts, Principal Accounts Office, Govt. of NCT of Delhi, by the date specified in the subject captioned, for the purpose of processing the same.

The Ministry of Personnel, P.S. & Training, Department of Pension & Retirement, Govt. of NCT of Delhi, No. 201/2014-2015 (P.S.), dated 10/06/2014, has issued the Form - A & Form - B for the General Provident Fund (GPF) and Depositary Provident Fund (DPF) to be used by the Heads of Offices or other Authority concerned in respect of the rules. The revised Form - A, Form - B, Form - C, Form - D, Form - E, Form - F, Form - G, Form - H, Form - I, Form - J, Form - K, Form - L, Form - M, Form - N, Form - O, Form - P, Form - Q, Form - R, Form - S, Form - T, Form - U, Form - V, Form - W, Form - X, Form - Y, Form - Z, Form - AA, Form - AB, Form - AC, Form - AD, Form - AE, Form - AF, Form - AG, Form - AH, Form - AI, Form - AJ, Form - AK, Form - AL, Form - AM, Form - AN, Form - AO, Form - AP, Form - AQ, Form - AR, Form - AS, Form - AT, Form - AU, Form - AV, Form - AW, Form - AX, Form - AY, Form - AZ, Form - BA, Form - BB, Form - BC, Form - BD, Form - BE, Form - BF, Form - BG, Form - BH, Form - BI, Form - BJ, Form - BK, Form - BL, Form - BM, Form - BN, Form - BO, Form - BP, Form - BQ, Form - BR, Form - BS, Form - BT, Form - BU, Form - BV, Form - BW, Form - BX, Form - BY, Form - BZ, Form - CA, Form - CB, Form - CC, Form - CD, Form - CE, Form - CF, Form - CG, Form - CH, Form - CI, Form - CJ, Form - CK, Form - CL, Form - CM, Form - CN, Form - 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Yours faithfully

(Sd/-)

J. S. SHARMA  
CHIEF CONTROLLER OF ACCOUNTS (FINANCE)

Date: 26/06/2015

CC: All Heads of Departments

*13/6/15  
20/6/15*

Copy furnished to: Mr. J. S. Sharma, Chief Controller of Accounts (Finance), Principal Accounts Office, Govt. of NCT of Delhi, New Delhi - 110054.

Mr. J. S. Sharma, Chief Controller of Accounts (Finance), Principal Accounts Office, Govt. of NCT of Delhi, New Delhi - 110054.

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*13/6/15*

(Sd/-)  
J. S. SHARMA  
CHIEF CONTROLLER OF ACCOUNTS (FINANCE)

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FORM 1

Form to be used by Head of Office for Final Payment/transfer of balances in the General/Contributory Provident Fund Accounts to Autonomous Bodies/Other Governments.

The General/Contributory Provident Fund Account Number of Member No. \_\_\_\_\_ as certified from the statement furnished to him/her during year to year, is \_\_\_\_\_.

2. Member is due to leave Govt. Government service has proceeded on leave (previously on retirement) \_\_\_\_\_ months has been discharged/dormant (has been previously) transferred to \_\_\_\_\_ has resigned from Govt. Government service on \_\_\_\_\_.

3. Certified that he/she has taken the following advances in respect of which withdrawal of Rs. \_\_\_\_\_ each are outstanding.

Amount of Temporary advances	Amount outstanding
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

4. Details of the withdrawals granted to Member in the current financial year are also indicated below:

Amount of Final withdrawal	Date of withdrawal
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

5. After adjusting the above withdrawals and advances, an amount of Rs. \_\_\_\_\_ standing to the credit of Member's Provident Fund Account is appearing in the ledger account.

6. The final payment to be made after verifying the records.

Signature  
Head of Office

Forwarded to the Pay and Accounts Office \_\_\_\_\_ for necessary action.

**Form 2**  
**Form of application for final payment of balance in the Providence Fund Account**  
**on death of a Subscriber**  
**Part - I**

To  
 The Head of Office,  
 \_\_\_\_\_

Re: With reference to your letter no. \_\_\_\_\_ dated \_\_\_\_\_, it is requested that arrangements may kindly be made for the payment of the accumulations in the Account of \_\_\_\_\_ (Subscriber / President / Fund/Contributory / President / Fund / Arizona / of \_\_\_\_\_ / State/Sec. No. \_\_\_\_\_). The necessary particulars required in this connection are given below:

1. Name of the subscriber
2. Fund held by the subscriber
3. Date of death of the subscriber
4. Providence Fund Account number allotted to the subscriber
5. Information to 3. A or 3. B below, as applicable.

**3. A. Details of members of family and the remainder alive on the date of death of the subscriber:**

Name and address of the member (number of family)	Date of birth of the member (number of family)	Marital status on the date of death of subscriber	Relationship of the member/next of kin with the deceased subscriber	Whether he/she is a minor
(1)	(2)	(3)	(4)	(5)

Or

3. B. If the subscriber has left no family and no remainder subject, the names of persons to whom the provident fund money is payable may be supported by letter of probate or succession certificate, etc.

Name and address	Relationship with the subscriber	Date of birth
(i) _____	_____	_____
(ii) _____	_____	_____
(iii) _____	_____	_____

**6. In case the beneficiary is a minor, details of the guardian:**

Name	Date of birth	Relationship with the minor	Relationship with the deceased	Postal Address

Note: In case of a minor (child whose mother is dead) of subscriber is not a Hindu, the claimant shall submit an affidavit, Oath, or Guardianship certificate, as the case may be.

1. The claimant, shall enclose the following documents, duly attested:
  - (i) Photograph
  - (ii) Specimen signature in duplicate (in case of blind claimant) / thumb or finger impression (in case of illiterate claimant)
2. Other documents to be enclosed:
  - (a) Death certificate
  - (b) A copy of letter of probate/will or certificate of inheritance certificate, etc. (where applicable)
  - (c) Any other document regarding eligibility of the claimant, as per rules.

State: \_\_\_\_\_ Date: \_\_\_\_\_ Yours faithfully,  
 \_\_\_\_\_  
 (Signature of claimant, including guardian)  
 (Full name and address)

**PART II**  
**(FOR THE USE OF HEAD OFFICE)**

Forwarded to the Pay and Allowance Officer ..... by necessary orders. The particulars furnished above have been duly verified.

2. The General Provision Fund/Contributory Provident Fund Account No. of Mr./Mrs./Kansari ..... is

3. The last debit deduction was made from his/her pay for the month of ..... drawn as per office order No. .... dated ..... for Rs. .... (Deducted of retiral) of advance being Rs. .... and interest, on account

4. Certified that his/her wife neither availed any temporary advance nor any final withdrawal from his/her Provident Fund Account during the 12 months immediately preceding his/her death; or

5. Certified that the following temporary advance/final withdrawals were withdrawn by him/her and drawn from his/her Provident Fund Account during the 12 months immediately preceding his/her death.

Sl.	Amount and date of advance/withdrawal	Time
(i)	.....	.....
(ii)	.....	.....

6. Amount of Provident Fund Money standing to the credit of the subscriber at the time of his/her death is Rs. ....

.....  
(Signature of the Head Office)