

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 TO NOMINATION SUBSISTS

To,

The Senior Accounts Officer
U.P. State Power Sector Employees Trust
Shakti Bhawan, 14-Ashok Marg, Lucknow

Sir

It is requested that arrangements may kindly be made for the payment of the accumulations in the General Provident Fund Account of Late Sri/Srimati

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

- 1. Name of the Servant
2. Date of Birth
3. Post held by the Servant
4. Proof of death in the form of a death certificate by the municipal authorities etc. It available enclosed
5. Date of death
6. Provident Fund Account No. EB/ allotted to the subscriber.
7. Amount of Provident Fund money standing to the credit of the subscriber, if a nomination subsists.
8. Details of the nominees alive on the date of the subscriber, if a nomination subsists.

Table with 3 columns: Name of the nominee, Relationship with the subscriber, Share of the nominee. Rows 1-4.

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

Table with 3 columns: Name, Relationship with the subscriber, Age on the date of death. Rows 1-3.

10. In case of nomination subsist, the details of the surviving members of the family on the date of death of the subscriber. In case of a daughter of a deceased son of the subscribers married before the death of the subscriber, it should be stated against her name whether her husband was alive on the date of death of the subscriber.

	Name	Relationship with the subscriber	Address:
1.
2.
3.

11. In the case of amount due to a minor child whose mother (widow of subscriber) is not 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 names of persons to whom the provident Fund money is payable (to be supported by letters of probate or success on certificate etc.)

	Name	Relationship with the subscriber.	Address :
1.
2.
3.

13. Religion of the claimant (s)

14. The Payment is desired through the office of/ through the Treasury. In this connection the following documents (duly attested by a Gazetted Officer in Service/Magistrate) are attached*.

- (i) Personal marks of identification-
- (ii) Left/Right hand thumb and finger impressions (in the case of illiterate claimants)
- (iii) Specimen Signature in duplicate.
(In the case of literate claimants).

Stations :

Yours faithfully

Date :

(Signature of Claimant)

Full Name & Address

* This applies only when payment is not desired through the Head of Office.

(FOR USE OF HEAD OF OFFICE/DEPARTMENT)

Forwarded to the Senior Accounts Officer, U.P. Power Sector Employees Trust, Lucknow for necessary action.

- (1) The particulars furnished above been duly verified.
- (2) The Provident Fund Account No. of Late Shri/Smt./Kumari Km. is EB// (as verified from the annual statement furnished to him/her).
- (3) He/She died on A death certificate issued by the Municipal Authorities has been produced (is not required in this case as there is no doubt about his/her death.)
- (4) The last fund deduction was made from his/her pay for the month of drawn in this office bill No..... datedfor Rs (Rupees) cash voucher No..... dated(the amount of subscription being Rs..... and recovery on account of refund of advance 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 death.

OR

Certified that following temporary/advance/withdrawal, were made from his/her Provident Fund Account during the 12 months immediately preceding the date of his/her death.

	Amount of Advance/withdrawal	Date and Place of encashment	Voucher No.
1.
2.

(6) Certified that no amount was withdrawn/the following amount were withdrawn from his/her Provident Fund Account during the 12 months immediately preceding the date of his/her death of payment of Insurance Premium for the purchase of new policy.

	Policy No. and Name of Co.	Amount	Date	Voucher No.
1.
2.
3.

(7) He/She had not opted for the continued retention of his/her Provident Fund money in terms of Vitta Vibhag O.M. No.G-2-2445/X-511-1958, dated January 16, 1960.

OR

He/She has opted for the continued retention of his/her Provident Fund money in the Fund money in terms of Vitta Vibhag O.M. No. G-2-2445/X-511-1958, dated January 16, 1960 and his/her option was forwarded vide this office letter No. datedin attached.

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

- (i) Date of retirement from UPPCL/UPRVUNL/UPJVNL Services.
- (ii) Amount at the credit of the subscriber on the date of retirement.
- (iii) Amount finally withdrawn after retirement, If any.

(8) (i) Certified that the application was received in my office onwhich was within six months from the date when the amount became actually payable but the delay in submission of the application was beyond the control of the applicant.

OR

(ii) Certified that the application was, received in office on which was after six months from the date, when the amount became actually payable but the delay in submission of the application was beyond the control of the applicant.

Signature of the Head
of Office/Department