

TAMIL NADU POLLUTION CONTROL BOARD

APPLICATION FOR FINAL CLOSURE OF GENERAL PROVIDENT FUND ACCOUNT.

(Please ensure that all the relevant particulars are given along with certificates, where necessary, to avoid delay in settlement of the claim.)

1.		Name of the subscriber: (In block letters)	
2.		Designation :	
3.		G.P.F. Account Number	
4.		Date of Birth : Office to which attached : Residential Address after retirement :	
5.		Event necessitating closure of account:	
	(A)	<i>Retirement—Date :</i>	
	(B)	<i>Resignation/Voluntary Retirement—Date (attach a copy of the orders):</i>	
	(C)	<i>Dismissal / Removal /Compulsory Retirement / Invalidation—Date— :</i>	
	(i)	have you preferred an appeal?: • •	
	(ii)	If yes, date of its Disposal/withdrawal:	
	(iii)	If no, date of expiry of appeal time	
	(iv)	If no appeal has been preferred— give an undertaking that no appeal will be preferred in future.: (I hereby undertake that no appeal shall be preferred by me against my dismissal / removal /compulsory retirement /invalidation (cancel whichever is not applicable.)	

	(D)	Death—Date :	
	(i)	Has the subscriber filed any nomination: (If yes, enclose nomination in original).	
	(ii)	If no or if the nomination has been rendered null and void who are the surviving family members on the date of death of subscriber ?: Name Relationship with the subscriber	
		Age Marital Status (Enclose a Legal Heirship Certificate.)	
	(iii)	Did the nominee die after the subscriber but before receiving payment [vide note 3 under Rule 30(ii)].	
	(iv)	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).	
6.		Names and address of offices served during the last 3 years :	
		Name of the Office Address	
		Period of Service Designation	

7.		Particulars of Last Fund Deductions:	
	1.	Pay for(Month)	
	2.	G.P.F. Subscription	
	3.	Recovery Refund	
	4.	Gross amount of Bill	
	5.	Net amount of bill	
8.		<p>Details of advance/withdrawals in the last 12 months prior to stoppage of subscription to G.P.F:</p> <p>Nature of withdrawal, Amount & Date (Temporary Advance/PF/90% withdrawl prior to retirement)</p>	
9.		I hereby undertake to refund any excess payment arising out of clerical errors in this settlement of G.P.F. claims.	

Station :

Date :

Claimant

Signature of the

(with name in Block Letters)