

## Kendriya Vidyalaya Sangathan (estt-I Section)

**(Please download this form)****Annexure-A****Form 1****Nomination for Retirement Gratuity/Death Gratuity**

*When the government servant has a family and wishes to nominate one member, or more than one member, thereof*

I .....hereby nominate the person/ persons mentioned below who is / are member(s) of my family, and confer on him / them the right to receive, to the extent specified below, any gratuity the payment of which may be authorised by the KVS in the event of my death, to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death.

Original Nominee(s)			Alternate Nominees(s)	
Names and Addresses of nominee/nominees	Relationship with the KVS employee	Age	Amount of Share of gratuity payable to each	Name, address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing.

This nomination supersedes the nomination made by me earlier on \_\_\_\_\_ which stands cancelled

Note: The KVS employee shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

\*Strike out which is not applicable

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ at \_\_\_\_\_

Witness to Signature Signature of KVS employees

1. \_\_\_\_\_
2. \_\_\_\_\_

Signature of KVS employees

(To be filled in by head of office)

Nomination by \_\_\_\_\_

Signature of the Head of Office

Designation \_\_\_\_\_

**EMPLOYEES CONTRIBUTORY/GENERAL PROVIDENT FUND**

I hereby direct that the amount at my credit in the Provident Fund Account No.----- at the time of my death shall be distributed among the members of my family mentioned below in the manner shown against their names:-

Name & Address of the nominee or nominees	Relationship with the subscriber	Age of the nominee	Amount of share of the accumulation.

--	--	--	--

Station -----

Date -----

Signature of the subscriber

Two witnesses to the

Signature of the subscriber

1. -----

2. -----

**NOMINATION FOR BENEFITS UNDER THE SANGATHAN Annexure-A Appendix****EMPLOYEES GROUP INSURANCE SCHEME 1993.**

*When the Sangathan Employee has a family and wishes to nominate one member or more than one member thereof.*

I hereby nominate the person(s) mentioned below who is/are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Sangathan Employees Group Insurance Scheme, 1993 in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name(s) and addresses of nominee/Nominees	Relationship with Sangathan employee	Age	Share to be paid to each*	Contingencies on the happening of which the nomination shall become invalid	Name, Address and relationship if any, to whom the right of the nominee shall pass in the event of his predeceasing the sangathan employee
1	2	3	4	5	6

Dated this-----day of-----19-----

At-----

Signature of two witnesses:

1. \_\_\_\_\_
2. \_\_\_\_\_

Signature of Sangathan Employee.

\*This column should be filled in so as to cover the whole amount yhat may be payable under the Insurance scheme.

**Form CS:63****Annexture B****APPLICATION FOR PENSION**

To

The Senior Accounts Officer

Kendriya Vidyalaya Sangathan

New Delhi

Subject: Application for Sanction of Pension

Sir,

1. I beg to say that I am due to retire from service with effect from -----my date of birth being-----  
- I, therefore, request that steps may kindly be taken with a view to the pension and gratuity admissible to me being sanctioned by the date of my retirement.

2. I hereby declare that I have neither applied nor received, any pension or gratuity in respect of any portion of the service qualifying for this pension and in respect of which pension and/or gratuity is claimed herein nor shall submit an application hereafter without quoting a reference to this application and the orders which may be passed thereon.

3. I enclose herewith:

Two slips bearing in each three specimen signatures of mine, duly attested.

Two copies of joint passport size photograph of mine with spouse also duly attested;

Two slips each showing particulars of height and identification marks.

Two slips each bearing my left-hand thumb & finger impressions

Details of family in form CS-63a.

4. The particulars for the withdrawal of pension through an authorised branch of the State Bank of India are as under:

Name of place

Name of Branch

Particulars of Saving Bank/Pension A/c to which pension is to be credited

My present address is-----and my address after retirement will be-----

Place:

Signature:

**Form CS-63a****Appendix-B****DETAILS OF FAMILY**

Name of the Sangathan Employee:

Designation:

Date of birth:

Date of Appointment:

Details of the members of my family as on:

S.No.	Name of the members of family*	Date of birth	Relationship with the employee	Initials of the Head of office	Remarks
1.	2.	3.	4.	5.	6.
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office any addition or alteration.

Place:-----

Dated:-----

Signature of the Sangathan Employee

\*Family for this purpose means family as defined in clause (b) of sub-Rule (14) of Rule 54 of the CCS (pension) Rules, 1972.

Note: Wife and Husband shall include respectively judicially separated wife and husband.

**FORM CS-64****Annexture-B**

No \_\_\_\_\_

KV/RO/HQ \_\_\_\_\_

Dated \_\_\_\_\_

To

The Senior Accounts Officer

Kendriya Vidyalaya Sangathan

New Delhi.

Subject: Pension papers of Shri/ Kumari-----for authorisation of Pension.

Sir,

I am directed to forward herewith the pension papers of Shri/Km.-----of this office/Kendriya Vidyalaya for further necessary action.

The details of K.V.S. dues which will remain outstanding on the date of retirement of the K.V.S. employee and which need to be recovered out of the amount of death-cum-retirement gratuity are indicated below:

1. Balance of the house-building or conveyance advance Rs.-----
2. Over-payment of pay & allowances including leave salary Rs.-----
3. Income-Tax deductible at source under the Income-Tax Act 1961 Rs.-----
4. Arrears of licence fee for occupation of Govt./K.V.S. accommodation Rs.-----
5. The amount of licence fee for the retention of Govt /K.V.S. accommodation for the permissible period of two months beyond the date of retirement Rs.-----
6. Any other assessed dues and the nature thereof Rs.-----
7. The amount of gratuity to be withheld for adjustment of unassessed dues, if any, Rs.-----

TOTAL: Rs.-----

Your attention is invited to the list of enclosures which is forwarded herewith.

The receipt of this letter may be acknowledged and this KV/HQ informed that necessary instructions for the disbursement of Pension have been issued to disbursing authority concerned.

The death-cum-retirement gratuity will be disbursed by this KV/Office on receipt of authority from you. The outstanding Govt. dues as mentioned in para 2 above will also be recovered out of the death-cum-retirement gratuity before making payments.

Yours faithfully

Head of Office

#### LIST OF ENCLOSURES

1. Form No. CS-63, CS-63A and CS-64 duly completed.
2. Medical Certificate of incapacity (if the claim is for invalid pension).
3. Service Book (date of retirement indicated in the Service Book).
4. (a) Two specimen signatures, duly attested by the Principal/A.C./Sr. A.O. or in the case of pensioner not literate enough to sign his name, two slips bearing the left hand thumb and finger impressions, duly attested by a Principal/A.C./Sr. A.O. (b) Two copies of passport size photograph with wife or husband (either jointly or separately) duly attested by the Principal/A.C./Sr.A.O (c)Two slips showing the particulars of height and identification marks,duly attested by Head of office
5. A statement indicating the reasons for delay in case the pension papers are not forwarded before six months of the retirement of Government Servant.
6. Written statement, if any, of the employee as required under sub para i. Of para 2 of this office circular No. F. 18 (85) (Misc.) /KVS/CA(P&I) dt. 26-4-85.
7. Brief statement leading to reinstatement of the KVS employee in case the KVS employee has been reinstated after having been suspended, compulsorily retired, removed or dismissed from service.

#### FORM FOR ASSESSING PENSION AND GRATUITY

Form CS 64(a)

1. Name of the Applicant.
2. Father's Name(and also husband's name in the case of female employee)
3. Date of Birth (in Christian era)
4. Religion
5. Permanent residential address showing village, town, Distt. And state
6. Present or last appointment including name of K.V./K.V.S.
  - (i)Substantive
  - (ii)Officiating, if any
7. Date of beginning of qualifying service in KVS
8. Date of ending of Service in KVS
9. (I) Particulars of service, if any, under Central Govt. etc. before joining KVS
  - (ii)Details of pro-rata retirement benefits already received for that service
 

(a)Pension	(b)Gratuity	(c)Management share of CPF
------------	-------------	----------------------------
  - (iii)Details of pro-rata retirement benefits already transferred for counting that service in the KVS
 

(a)Amount equivalent of pension	(b)Gratuity	(c)Management share of CPF
---------------------------------	-------------	----------------------------

10. Class of pension applicable
11. The date on which action initiated to
  - (a) Obtain the 'No Demand Certificate' from the authority controlling allotment of residential accommodation as provided in rule 57;
  - (b) Assess the service and emoluments qualifications for pension as provided in rule 59; and
  - (c) assess the Sangathan due relating to the allotment of accommodation as provided in rule 73(1)
12. Details of omissions, imperfections or deficiencies in the service book which have been ignored under Rule 59(I) (b) (ii)
13. Total length of qualifying service (for the purpose of adding towards broken periods, a month is reckoned as 30 days)
14. Periods of non-qualifying service
  - (i) Interruption in service condoned under Rule 28.
  - (ii) Extraordinary leave not qualifying for pension.
  - (iii) Period of suspension not treated as qualifying
  - (iv) Any other service not treated as qualifying
15. Emoluments reckoned for gratuity
16. Average emoluments \*Emoluments drawn during the last ten months of service.

Total:-----

Post Held	From	To	Pay	Personal Pay or Special Pay	Average Emoluments
1	2	3	4	5	6

17. Date on which Form 63 has been obtained from the applicant. (to be obtained eight months before the date of retirement of Sangathan employee).
18. Date from which pension is to commence.
19. Have any departmental or judicial proceedings been instituted/contemplated against the applicant before retirement.
20. Details of Sangathan dues recoverable out of gratuity: (a) Licence fee for the allotment of office accommodation etc. (b) H.B. Advance (c) Other dues
21. Whether nomination made for Death-cum-retirement Gratuity.
22. Emoluments reckoned for the family pension
23. Height
24. Identification Marks
25. Place of payment of pension through S.B.I.
26. Name of Branch & A/C No

Signature of the Head of Office

\*(i) In case where the last ten months include some period not to be reckoned for calculating average emoluments, an equal period backward has to be taken for calculating average emoluments.

(ii) The calculation of average emoluments should be based on actual number of days contained in each month.

### KENDRIYA VIDYALAYA SANGATHAN

#### Annexture -B

#### PARTICULARS OF HEIGHT & IDENTIFICATION MARKS.

1. Height
2. Identification Marks

ATTESTED

**KENDRIYA VIDYALAYA SANGATHAN**

Specimen signature of Shri-----

English Hindi

1.-----

2.-----

3.-----

ATTESTED

**KENDRIYA VIDYALAYA SANGATHAN**

Passport Size Photograph of Smt. &amp; Shri-----

(Photograph to be attested)

**KENDRIYA VIDYALAYA SANGATHAN****UNDERTAKING**

I----- hereby undertake to refund the amount of DCRG, Pension including Adhoc Relief as sanctioned and if afterwards found in excess of the entitlement

Date: Signature-----

Designation-----

Address-----

ATTESTED

**KENDRIYA VIDYALAYA SANGATHAN****Annexture-B****Annexture-1****Application for withdrawal of pension through State Bank of India.**

To

Senior Accounts Officer

Kendriya Vidyalaya Sangathan

New Delhi

Sir,

I opt to draw my pension through State Bank of India(Place and Branch given below). Necessary particulars to enable you to make arrangements in this regard are as under:

Particulars of Pensioner

Name

Pension payment letter No.

Present Address

Particulars of authorised branch of S.B.I.

Name(Place)

Branch where payment desired

Branch Code Number.

\* Pensioner's SB/ Pension Account No. at the Branch to which pension is to be credited.

Yours faithfully,

Place:

Date:

Note: Not 'joint or either or survivor' account.

Pensioner's Specimen

Signature

FOR USE IN SANGATHAN'S OFFICE

Shri/Km.-----has been paid pension for the period upto the month of-----

Amount of pension relief and adhoc relief, if any payable, is clearly indicated.

**KENDRIYA VIDYALAYA SANGATHAN**

Left hand thumb & finger Impression

Thumb Impression

Left hand finger Impression

Forefinger middle finger, Ring Finger, Little finger

ATTESTED

FORM-D

Annexure-B

**Form of application for commutation of a fraction of superannuating pension without medical examination when applicant desires that the payment of the commuted value of pension should be authorized through the pension payment order.**

PART-1



To

The Commissioner

Kendriya Vidyalaya Sangathan

New Delhi

Subject: Commutation of pension without medical examination.

Sir,

I desire to commute a fraction of my pension in accordance with the provisions of the AIS (Commutation of Pension) Regulations, 1959.

The necessary particulars are furnished below:-

Name in block letters:

Father's name:

Designation:

Name of KV/RO/KVS(HQ)

Date of Birth:

Date of retirement on Superannuating or on the expiry of extension in service.

Fraction of Superannuating/Retirement Pension proposed to be commuted.

Disbursing authority from which pension is to be drawn after retirement.

Branch of the State Bank of India with complete postal address.

Bank Account Number to which monthly pension is to be credited each month.

Signature

Present Postal Address

Postal address after retirement

Place:

Date:

NOTE: The payment of commuted value of pension shall be made through the disbursing authority from which pension is to be drawn after retirement. It is not open to an applicant to draw the commuted value of pension from a disbursing authority other than the disbursing authority from which pension is to be drawn.

**(Form of application for payment of accumulation in the KVS Employees Group Insurance Savings Fund)**

To

The Senior Accounts Officer

Kendriya Vidyalaya Sangathan

New Delhi

(Through Head of Office)

Subject: Application for the payment of accumulation in the Kendriya Vidyalaya Sangathan Employees Group Insurance Savings Fund.

Sir,

I have been a member of the Kendriya Vidyalaya Sangathan Employees Group Insurance Scheme, 1993 since-----  
 ---I am due to retire from service wef-----after attaining the age of-----years/I have ceased to be in  
 employment with the Kendriya Vidyalaya Sangathan after having been discharged/dismissed/permanently transferred to ----  
 -----/I have resigned from Sangathan service and my resignation has been accepted wef-----FN/AN.I was  
 holding the post of-----before retirement/cessation of employment with the KVS.I request that the amount due to me  
 from the KVS Employees Group Insurance Savings Fund may please be paid to me.

Yours faithfully

(Sig. Of the Employee)

Date:

Station:

Name & Address:

**(For use by head of office)**

Forwarded to the Senior Accounts Officer, Kendriya Vidyalaya Sangathan, New Delhi for necessary action.

He/She has finally retired/will retire w.e.f.-----/has been discharged/dismissed/has been permanently transferred  
 to-----/has resigned finally from Sangathan service and his/her resignation has been accepted w.e.f.-----  
 -----FN/AN. He/She joined service with-----on-----FN/AN and was admitted to KVS Employees Group  
 Insurance Scheme from-----.

The last monthly deduction of Rs.-----was made from his/her pay in this office Bill No.-----dated-----  
 -----for Rs.------(Rupees-----)and stands included in Demand Draft No.-----dated-----  
 -----.

It is certified that no monthly subscription to the Group Insurance Scheme except the following is pending recovery in this  
 case.

Date of Birth-----

Signature & designation.

FORM-A

**FORM OF APPLICATION FOR FINAL PAYMENT OF BALANCE IN THE-----PROVIDENT FUND ACCOUNT**

To

The Senior Accounts Officer,  
 Kendriya Vidyalaya Sangathan,  
 New Delhi.

(Through the Head of Office)

Sir,

I am due to retire/have retired/have proceeded on leave preparatory to retirement for-----months/have been  
 discharged/dismissed/have been permanently transferred to-----/have resigned finally from Sangathan  
 service/have resigned service under Sangathan and resignation has been accepted with effect from-----FN/An. I  
 joined service in-----on-----F.N./A.N.

I request that the entire amount at my credit with interest due under the rules may be paid to me/transferred to-----  
 --

My Provident Fund Account No. is-----

I desire to receive payment direct/through my office/Principal Kendriya Vidyalaya-----

My specimen signatures in duplicate, duly attested by the Principal, Kendriya Vidyalaya-----Head of my office are enclosed.

Yours faithfully,

(Signature of the Employee)

Station-----Name & Address-----Date-----

**(For use by Head of Office)**

Forwarded to the Senior Accounts Officer, Kendriya Vidyalaya Sangathan, New Delhi for necessary action.

The provident Fund account No.-----of Shri/Km.------(as verified from the statements furnished to him/her from year to year) is-----

He/She has finally retired/will retire/ has proceeded on leave preparatory to retirement for-----months/has been discharged/dismissed/has been permanently transferred to-----/has resigned finally from Sangathan service/has resigned service under Sangathan to take up appointment with-----on-----F.N./A.N.

The last fund deduction was made from his/her pay in this office Bill No.-----dated-----for Rs.------(Rupees-----)and stands included in Demand Draft No.-----dated-----The own share plus management Share Rs.-----)and recovery on account of deductions of advance is Rs.-----.

Certified that he/she was neither sanctioned any temporary advance nor any part final withdrawal from his/her Provident fund account during the 12 months immediately preceding the date of his/her proceeding on leave preparatory to retirement or thereafter.

Or

Certified that the following temporary advances/part final withdrawals were sanctioned to him/her and drawn from his/her Provident Fund account during the 12 months immediately preceding the date preparatory to retirement or thereafter.

Amount of advance withdrawn	Date	Bill No.
-----------------------------	------	----------

1.

2.

3.

It is certified that no demand/following demands of Sangathan are due for recovery.

Certified that he/she has resigned from Sangathan service with prior permission of the Sangathan to take up an appointment in another department of the Central Govt. or under a State Government or under a body corporate owned or controlled by the State.

(Signature of Head of Office)

**FORM OF APPLICATION**

**(Family Pension Scheme)**

**Form-CS-67**

**Application for family pension for the family of late Shri/Smt. In the Kendriya Vidyalaya/Kendriya Vidyalaya Sangathan.**

Name of the applicant-----

Relationship to the deceased Employee-----

Date of retirement,if deceased was pensioner-----

Date of death of the Employee/Pensioner-----

Names and ages of surviving kindred of the deceased-----

	Name	Date of Birth
Widow/Widower		

Sons		
Unmarried Daughters		

Name of the Branch of the State Bank of India at which payment is desired-----

Name of the Branch-----

Place & Code No.-----

Saving Bank Account No.-----

Signature or left hand thumb impression(in the case of those who are not literate enough to sign their name.-----  
---

Descriptive roll of-----widow/widower/guardian of the minor children of late-----

Date of Birth (in Christian era)-----

Height-----

Personal Marks, if any, on hand or face.-----

Left-hand thumb and finger impressions-----

Small finger	Ring Finger	Middle Finger	Index Finger	Thumb

Full address of the applicant -----

Signature of the applicant

Attested by	Witness
1	1
2	2

Note 1 The form CS 63(a) should be filled in and attached.

Note 2 The descriptive roll (SL. 8) and signature or left hand thumb and finger impressions accompanying application for family pension should be in duplicate(in two separate sheets)attested by two gazetted officers or persons of respectability in the town, village or pargana in which the applicant resides.

#### FORM-B

#### FORM OF APPLICATION FOR FINAL PAYMENT OF BALANCE IN THE PROVIDENT FUND ACCOUNT OF SUBSCRIBER TO BE USED BY THE NOMINEE OR ANY OTHER CLAIMANTS WHERE NO NOMINATION HAS BEEN RECEIVED.

To

The Senior Accounts Officer,  
Kendriya Vidyalaya Sangathan,  
New Delhi.

(Through the Head of Office)

Sir,

It is requested that arrangements may kindly be made for the payment of accumulation in the-----Provident fund account of Shri/Smt-----

The necessary particulars in this connection are given below:-

1. Name of the employee
2. Date of birth
3. Post held by employee
4. Date of death
5. Proof of death in the form of death certificate issued by the Municipal authorities etc., if available.
6. Provident fund account No. allotted to the subscriber-----
7. Amount of provident Fund Money standing to the credit of the subscriber at the time of his death, if known.
8. Details of the nominees alive on the date of death of the subscriber if a nomination subsists.

Name of the Nominee	Relationship with the subscriber	Share of the Nominee
1		
2		
3		
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 a family.

Name of the Nominee	Relationship with the subscriber	Age on the date of death
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 deceased son of the subscriber 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 of the Nominee	Relationship with the subscriber	Age on the date of death
1		
2		
3		

11. In the case of amount due to a minor child whose mother (widow of 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 names of persons to whom the Provident Fund money is payable(to be supported by letters of probate or succession certificate, etc.)

Name of the Nominee	Relationship with the subscriber	Address
1		
2		
3		

13. Religion of the claimant.(s).
14. The payment is desired through the office of Principal, Kendriya Vidyalaya /Kendriya Vidyalaya Sangathan.In this connection the following documents duly attested by a Gazetted Officer in service/magistrate are attached

Personal marks of identification.

Left/Right hand thumb and finger impressions(in the case of illiterate claimants).

Specimen Signature in duplicate (in the case of literate claimants).

Yours faithfully.

(Signature of Claimant)

**(FOR USE OF HEAD OF OFFICE, KV'S & RO'S)**

Forwarded to the Senior Accounts Officer, Kendriya Vidyalaya Sangathan for necessary action. The particulars furnished above have been duly verified.

1. The Provident Fund Account No. of Shri/Km.------(as verified from the annual statements furnished to him/her) is
2. 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.
3. The last fund deduction was made from his/her pay for the month of-----drawn in this office Bill No.-----dated the amount of deduction being Rs.------(Own Share-----management Share-----for CPF) and recovery on account of refund of advance of Rs.-----as shown in the schedules sent alongwith the Demand Drafts.
4. Certified that he/she was neither sanctioned any temporary advance nor any part final withdrawal from his/her provident fund account during the 12 months immediately preceding the date of his/her death. OR Certified that the following temporary advances/part finals withdrawals were sanctioned to him/her and drawn from his/her Provident Fund Account during the 12 months immediately preceding the date of his/ her death.

Amount of advances/withdrawal	Date and place of encashment	Bill No
1		
2		
3		

5. It is certified that NO DEMAND/FOLLOWING DEMANDS of Sangathan are due for recovery.
6. Certified that no advance/following advance sanctioned in terms of the Ministry of Finance Office Memorandum No.10(3) EV.(A)/65 dated the 1<sup>st</sup> November, 1965 is due for recovery.

(Signature of Head Office)

FORM 6

**(Form of letter to be issued to the Nominee(s) of the member of the KVS Employees Group Insurance Scheme)**

To,

The Senior Accounts Officer

Kendriya Vidyalaya Sangathan

New Delhi

Subject:- Application for payment of amount due to late Shri/Smt.-----under the KVS Employees Group Insurance Scheme, 1993.

Sir/Madam,

With reference to your letter No.-----dated-----I hereby request that the full/-----percent amount due to late Shri/Smt.-----under the KVS employees Group Insurance Scheme, 1993 may be paid to me. I am enclosing the death certificate of the concerned Municipal authority in this connection.

Yours, faithfully,

(Name & address of the Nominee).

FORM 7

**(Form of letter to be addressed to the Deputy Commissioner (Fin.) for payment of the amount due under the KVS Employees Group Insurance Scheme)**

To,

The Deputy Commissioner (Fin.)

Kendriya Vidyalaya Sangathan,

New Delhi

Subject:-

Payment of the amount due under the Kendriya Vidyalaya Sangathan Employees Group Insurance Scheme, 1993.

Sir,

Shri/Smt.-----Group-----employee of this-----expired on-----It is requested that arrangement may kindly be initiated for an early payment of the amount of Employees Group Insurance Savings Fund to his/her nominees. The necessary particulars in this connection are given below.

Name of the Employee

Date of birth

Date of entry in Sangathan service

Post held by the Employee and his pay scale.

Date of admission to KVS Employees Group Insurance Scheme

Date of death(Death certificate issued by the Municipal authority is enclosed)

Cause of death

Place of death

Date when the employee last attended duty.

Details of the nominees alive on the date of death of the subscriber as per nomination form.

Application of the nominee(s), death certificate of the employee and copy of the nomination form in support of the above claims are forwarded herewith for further necessary action.

The last monthly deduction of Rs.-----was made from his/her pay in this office bill No.-----dated-----for Rs.-----and stands included in Demand Draft No.-----dated-----.

Certified that the Subscription recoverable from Shri/Smt.-----at the prescribed rates have actually been recovered for the full period of service w.e.f.-----to-----except the following.

It is certified that no final payment was made earlier and will be made in future.

Yours faithfully,

(Head of Office)

FORMS

PART-1

**FORM OF APPLICATION FOR FINAL PAYMENT/TRANSFER TO CORPORATE BODIES/OTHER GOVERNMENTS OF BALANCE IN THE GENERAL PROVIDENT FUND ACCOUNT.**

To,

The Accounts Officer (Funds)

Kendriya Vidyalaya Sangathan

New Delhi-110016.

Sir,

I am to retire/have retired/have been discharged/dismissed/have been permanently transferred to-----/have resigned finally from Sangathan service/have resigned service under Kendriya Vidyalaya Sangathan to take up appointment with-----and my resignation has been accepted with effect from-----forenoon/afternoon(copy enclosed).I joined service with Kendriya Vidyalaya/R.O./Hqrs. Of K.V.S. on-----forenoon/afternoon.

2. My provident Fund Account No. is-----.

3.I desire to receive payment through my office/K.V./direct, particulars of my personal marks of identification, left hand thumb and finger impressions (in the case of illiterate subscribers)/specimen signatures, in duplicate, duly attested by a Gazetted Officer of the Government/Principal, K.V.-----/Officer of Sangathan are enclosed.

PART I

(To be filled in when the application for final payment is submitted up to one year prior to retirement)

I request that the amount of Rs.-----standing to the credit in my Provident Fund Account as indicated in the Accounts Statement issued to me for the year----- (enclosed)/as appearing in my ledger account being maintained by KVS(Hqrs) may please be arranged to be paid to me.

After the last fund deduction has been made and the exemption for subscribing to the fund has begun to operate. I will apply for the payment of subsequent period in Part II of the Form immediately.

Yours faithfully,

**(FOR USE BY HEAD OF OFFICE)**

Forwarded to the Accounts Officer(Fund), Kendriya Vidyalaya Sangathan, New Delhi for necessary action.

The Provident Fund Account No. of Shri/Km.(as certified from the Statements furnished to him/her from year to year) is-----

He/She is due to retire from Sangathan Service on-----

Certified that he/she had taken the following advances in respect of which-----installments of Rs.--- -----are yet to be recovered and credited to the Fund account. The details of the part final withdrawals granted to him/her are also indicated below:-

Signature of the Head of Office

FORMS

PART II

***( To be submitted by the subscriber immediately after the last deduction has been made and the exemption for subscribing to the final has begun to operate i.e. 3 months before retiring on superannuation. This part is also applicable in the case of subscribers who apply for final payment for the first time after the date of superannuation, discharge, resignation etc..)***

In continuation of my earlier application, dated-----for the final payment of Provident Fund balance, I request that the entire balance at my credit with interest due under the rules may be paid to me.

OR

I request that the entire amount at my credit with interest due under the rules may be paid to me/transferred to-----

**(FOR USE BY HEAD OF OFFICE)**

Forwarded to the Accounts Officer (F), KVS, New Delhi for necessary action in continuation of Endorsement No.----- dated-----

he/she has finally retired/has been discharged/dismissed/has been permanently transferred to-----/has resigned finally from Sangathan Service/has resigned under KVS to take up appointment with-----and his/her resignation has been accepted with effect from-----forenoon/afternoon(copy enclosed). He joined service with KV/RO/Hqrs of KVS on-----forenoon/afternoon

The last fund deduction was made from his/her pay in this office Bill No.-----dated-----,for Rs.----- (Rupees-----)the amount of deduction being Rs.-----as included in Cheque/D.D. No.----- dated-----for Rs.-----forwarded vide letter No.-----dated-----to K.V.S.

Certified that he/she was neither sanctioned any temporary advance nor any part final withdrawal from his/her Provident Fund account during the 12 months immediately preceding the date of his/her quitting service under KVS or thereafter.

OR

Certified that the following temporary advances/part final withdrawals were sanctioned to him/her and drawn from his/her Provident Fund Account during the 12 months immediately preceding the date of his/her quitting service under KVS or thereafter.

Amount of advance/ withdrawal	Date	Voucher number
1		



2		
3		

Certified that he/she has not resigned from Sangathan service with prior permission of the Kendriya Vidyalaya Sangathan to take up an appointment in another department of the Central Government or under a State Government or under a body corporate owned or controlled by the state.

(Signature of Head Office)