

ANNEXURE-I

APPLICATION FOR FINAL SETTLEMENT OF CONTRIBUTORY PENSION SCHEME ACCOUNT [Vide G.O.Ms No.59, Finance (PGC) Department, Dated 22nd February, 2016.]

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

(To be sent in Triplicate)

1. Name of the Subscriber (in BLOCK LETTERS) :
2. Designation :
3. Contributory Pension Scheme Account Number
with Departmental Suffix :
4. Date of Birth :
5. Religion :
6. Date of Entry into Service :
7. Office in which attached :
8. Treasury/Sub-Treasury where bills of the Office are presented :
9. Residential Address after Retirement :
10. **EVENT NECESSITATING CLOSURE OF ACCOUNT**
 - (a) **Retirement on Superannuation** :
(attach a copy of the order)
 - (b) **Voluntary Retirement** :
(copy of orders to be enclosed)
 - (c) **Resignation** :
(attach a copy of the orders of acceptance of resignation)
 - (d) **Dismissal / Removal / Compulsory Retirement / Invalidation Date**
 - (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 (Strike out whichever is not applicable)

(e) Date of Death

- (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 the subscriber
(Enclose a Legal Heirship
Certificate)

Sl. No.	Name	Relationship with the subscriber	Date of Birth and Age	Marital Status
1.				
2.				
3.				

- (iii) If any of the nominee die after the :
subscriber but before receiving
payment. Please furnish details
thereof
- (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)

(f) Transfer of Balance

- (i) Date of absorption on permanent :
basis Organisation to which
transferred / joined on permanent
basis
Is absorption on permanent basis?
- (ii) Is the absorption with the approval :
of State Government? If so, details of
orders may be furnished?
- (iii) Accounts Officer to whom the :
balance is to be transferred

11. Name and Address of Offices served during :
the last 3 years:

Name of Office	Address	Period of Service	Designation
(1)			
(2)			
(3)			

12. Particulars of Last CPS Deductions :

Sl. No.	Pay for month	CPS subscription	CPS arrears	Gross Amount of Bill	Net Amount of Bill	Date of Encashment	Place of Payment	Head of Account	Voucher Number
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

13. Period during which subscriber was on :
EOL /Suspension or any other leave period
during which no subscription was
recovered.

14. Whether a Self Drawing Officer :
[Drawing Pay in the Scale of Pay of]
If yes,

(a) Treasury / PAO at which CPS :
payment is desired

(b) Enclose the following :
(i) Personal Marks of Identification :
(ii) Specimen Signature or left/right :
hand thumb and fingers impression

15. I hereby undertake that I will not claim any further due for pension / family pension settlement / benefits in future under Contributory Pension Scheme.

16. I hereby undertake to refund any excess payment arising out of clerical errors in the settlement of C.P.S. claims.

Station:

Signature of the Claimant

Date :

(Name in BLOCK LETTERS)

FOR THE USE BY HEAD OF OFFICE / DEPARTMENT

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

Station :

Signature of Head of Office /Head of Department

Date :

(with Name in BLOCK LETTERS)