

**COMBINED APPLICATION FORM FOR GENERAL
PROVIDENT FUND FINAL CLOSURE AND PENSION
PART-I
FOR RETIREMENT / ~~REVISION CASES ONLY~~**
(To be sent in Duplicate)

1. Name of the Government Employee :
(IN CAPITAL LETTERS).
2. Father's Name / Husband's Name in :
the case of Female Government
Employee.
3. Designation with Selection Grade /
Special Grade.
4. Religion :
5. P.P.O. No. allotted by A.G's. Office. :
[Applicable only for Revision Cases].
6. G.P.F. No. with Departmental :
Suffix.

7. Date of Birth

8. Date of Joining

9. Date of Retirement

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10. Present Residential Address :
with PIN Code.

MOBILE No.

11. Residential Address after :
Retirement with PIN Code.

12. Place of Payment of Pension :
(a) Pension Pay Office
(b) District Treasury
(c) Sub-Treasury

13. Whether the Pension is proposed to be : Yes No
commuted. (Tick in appropriate
place)?

If Yes, fraction proposed to be :
commuted

14. Are you in receipt of Military Pension ? : Yes No

15. If Yes, P.P.O.No. and Treasury from which it is drawn may be furnished.

P.P.ONo.	--
PPO/District Treasury / Sub-Treasury	--

16. If you are in receipt of Military Pension, state whether you opt for Military Family Pension or Civil Family Pension. (Option once exercised is final.) : --

17. List of Family Members including Wife / Husband. :

Sl. No.	Name (s)	Relationship	Marital Status	Date of Birth	Whether Handicapped/ Mentally Retarded*

* Medical Certificate to be enclosed

18. Name of Guardian in case of mentally retarded children. :

DECLARATION

I hereby declare that I have neither applied for 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 gratuity are claimed herein nor shall I submit an application hereafter without quoting a reference to this application and the orders which may be passed thereon.

I do hereby declare to refund the pension or gratuity authorized by the Accountant General, Chennai, if afterwards found to be in excess of the amount to which I am entitled under the Rules.

I hereby certify to make good any loss caused to the Government by way of any overdrawal of pay, allowances, leave salary or other admitted obvious dues as a result of negligence or fraud on my part in service in the department in a lumpsum or in suitable installments from my pension.

Place :

Date :

Signature of Government
Employee with Date.

PART - II

TO BE FILLED IN BY THE DEPARTMENTAL OFFICER

1. A.G's Office Reference No. in :
which the proposals were returned
with objections earlier.
2. Date of Beginning of Service :
3. Date of Ending of Service :
4. Gross Qualifying Service :
5. Non-Qualifying Service :
6. Additional Qualifying Service under :
Rule 27 / Due to Voluntary
Retirement / Contingent Service /
Military Service.
7. Net Qualifying Service. :
8. Total Period of Military Service and :
Military Pension / Gratuity received.
(Details of remittance to be
furnished separately).
9. Scale of Pay :
10. Pay Last Drawn (Special Pay, :
Personal Pay drawn if any to be
shown separately)
11. Class of Pension applicable :
12. Whether any charges are pending :
against the Government Employee?
If so, furnish the details thereof.

13. Office served in the last three years. :

14. a. Drawing Officer for G.P.F. :
with Full Postal Address
and PIN Code.
b. Phone No. of the Office :
with STD Code.
c. e_mail ID / FAX :

15. Treasury / PAO for D.C.R.G. :

16. a. Drawing Officer for DCRG
with Full Postal Address
and PIN Code.
b. Phone No. of the Office :
with STD Code.
c. e_mail ID / FAX :

17. Treasury / PAO for D.C.R.G. :

18. Particulars of Last G.P.F. Deduction
[Last 12 Months Details].

Pay for Month	GPF Sub- cription	Recovery / Refund	Total Amount of CR. Schedule	Date and Place of Payment	Sub- Account of Account	Voucher No.
(1)	(2)	(3)	(4)	(5)	(6)	(7)

19. Details of Temporary Advance /
Part Final Withdrawal
sanctioned in the last 12 months
(If no debit is drawn in last 12
months, the details of last debit
drawn should be specified.

Month	Amount	Voucher No.	Date of Payment

CERTIFICATE

It is certified that:

1. All the particulars furnished above have been fully verified with reference to office records and are found correct.
2. Advance / withdrawal from GPF was granted during the last 12 months as detailed in Column 19 above.
3. No Charges are pending / Charges are pending against the individual. (Details furnished separately)@
4. Provisional Pension not paid / Provisional Pension paid (Details furnished separately) @
5. Conditions laid down in Rule 11(2) and Rule 11(3) of the Tamil Nadu Pension Rules, 1978 have been satisfied and the same has been recorded in Service Book.

@ Strike out whichever is not applicable.

CHECK LIST / LIST OF ENCLOSURES

1. Service Book(s). [No. of Volumes] :
2. Recent Joint Passport size Photo with Spouse, Specimen Signature / left hand thumb impression (in the case of illiterate) and Descriptive Roll of the Government Employee, all in triplicate, duly attested [furnished in the Annexure]. :
3. Sanction order in respect of Non-Government Aided Educational Institution cases and Missing Employee :
4. In case of Teachers, Non-Employment /Re-employment Certificate. :
5. Copy of First Information Report in respect of Missing Employee. :
6. Nomination for General Provident Fund (GPF). :
7. Nomination for Death cum Retirement Gratuity (DCRG). :
8. Nomination for Life Time Arrears of Pension :
9. Nomination for Commutation of Pension (in duplicate). :
10. Medical Certificate in original in Form 23 as prescribed in Rule 36 of TNPR for invalidation cases issued by Medical Board. :
11. Certificate of Medical Opinion of the Doctors for admitting Commuted Value of Pension in the cases of Invalidation and Compulsory Retirement cases. :
12. Ratification Order of Government for waiving any shortfall in notice period due to sanction of Extraordinary Leave with / without Medical Certificate (in respect of Voluntary Retirement cases). :
13. Military Verification Certificate. :
14. Copy of the Chalan for refund of Gratuity received with Interest for Military Service. :
15. Copy of Proceedings issued in the case of Compulsory Retirement / Voluntary Retirement / Invalidation cases.

16. Copy of Government Order :
imposing cut in Pension issued on
completion of Disciplinary
Proceedings / Dropping the
Charges.
17. Copy of Adoption Deed, in case of :
adopted children.
18. Copy of Medical Certificate in the :
case of Mentally Retarded Children
/ Handicapped Children.

Place :
Date :

Signature of the Head of Office
/ Department with Seal.

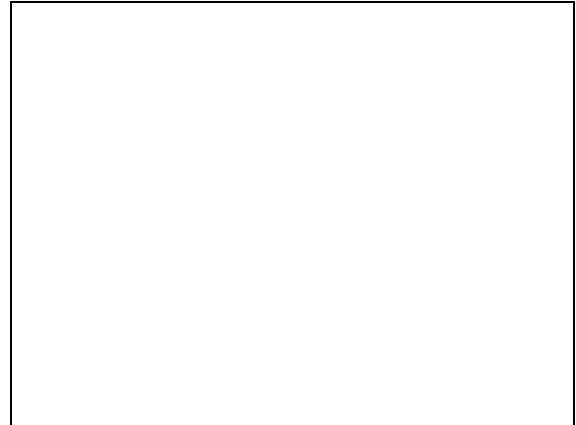
INSTRUCTIONS

1. Please send the application in **DUPLICATE**.
2. Please fill up all columns in capital letters.
3. Incomplete application will not be processed.
4. Annual Account Statement of GPF need not be sent.
5. Last Fund deduction particulars mean deduction to GPF before stopping recovery.
6. For arriving at the Commuted value of Pension, dated signature of the Government servant in Part I is compulsory.

ANNEXURE

(To be sent in Triplicate)

1. Joint Passport size Photo of the :
Government Employee with spouse.
(Name of the Government servant
and spouse should be written).



Name of Government Employee :

Name of the Spouse :

Counter Signature of the
Head of Office with Seal

2. Specimen Signature / Left Hand : 1.
Thumb impression in case of 2.
illiterate. 3.
3. Descriptive Roll of Government : 1.
Employee. [Personal Marks of 2.
Identification].

**COMBINED APPLICATION FORM FOR GENERAL PROVIDENT
FUND FINAL CLOSURE AND FAMILY PENSION**

PART-I

**FOR DEATH WHILE IN SERVICE / EXTENSION OF FAMILY
PENSION CASES**

(To be sent in Duplicate)

1. Name of the Government Employee :
(IN CAPITAL LETTERS)
Designation and Department. :
2. Date of Death. :
3. Date of Retirement in case of death :
after retirement. :
4. Name of the Applicant / Guardian in :
case of minor. :
5. Relationship of Applicant /Minor :
with Government Employee. :
6. Religion :
7. Date of Birth in case of Minor with :
proof. :
8. P.P.O. No. allotted by A.G's. Office :
(applicable only for revision cases) :
9. G.P.F. No. with Departmental :
Suffix. :
10. Residential Address with PIN Code. :
MOBILE No. :
11. Place of Payment of Pension :
(a) Pension Pay Office.
(b) District Treasury.
(c) Sub-Treasury.

12. Are you in receipt of Family :
Pension from any other source?

13. If Yes, P.P.O.No. and Treasury from :

which it is drawn may be furnished.

14. List of Family Members :

Sl. No.	Name (s)				

* Medical Certificate to be enclosed

15. Name of Guardian in case of :
mentally retarded children.

16. Death Certificate / :
Legal Heir ship Certificate / :
Proof of Date of Birth in case of :
minor children (Enclose separately)
17. If the applicant is second wife, Date :
of Marriage with proof and Details :
of first wife and children born :
through both wives may be :
furnished. [Copy of Death :
Certificate / Court Orders for :
divorcing the first wife, as the case :
may be, to be furnished]

Place : :
Date :

PART - II

TO BE FILLED IN BY THE DEPARTMENTAL OFFICER

1. A.G's Office Reference No. in :
which the proposals were returned
with objections earlier.
2. Date of Beginning of Service. :
3. Date of Ending of Service. :
4. Gross Qualifying Service. :
5. Additional Qualifying Service due :
to Contingent Service
6. Non Qualifying Service :
7. Net Qualifying Service. :
8. Scale of Pay :
9. Pay Last Drawn (Special Pay, :
Personal Pay drawn if any to be
shown separately)
10. Office served in the last three years. :
11. Has the Subscriber filed any : Yes No
nomination for G.P.F.
- If YES, enclose the same in Original :
or Attested Copy.
12. a. Drawing Officer for G.P.F. :
with Full Postal Address
and PIN Code.
b. Phone No. of the Office :
with STD Code.
c. e_mail ID / FAX :
13. Treasury / PAO for D.C.R.G. :
14. a. Drawing Officer for DCRG :
with Full Postal Address
and PIN Code.
b. Phone No. of the Office :
with STD Code.
c. e_mail ID / FAX :
15. Treasury / PAO for D.C.R.G. :

16. Details of Temporary Advance / Part Final Withdrawal sanctioned in the last 12 months (If no debit is drawn in last 12 months, the details of last debit drawn should be specified.)

Month	Amount	Voucher No.	Date of Payment

CERTIFICATE

It is certified that:

1. All the particulars furnished above have been fully verified with reference to office records and are found correct.
2. Advance / withdrawal from GPF was granted during the last 12 months as detailed in Column 16 above.
3. Provisional Pension not paid / Provisional Pension paid (Details furnished separately) @
4. Conditions laid down in Rule 11(2) and Rule 11(3) of the Tamil Nadu Pension Rules, 1978 have been satisfied and the same has been recorded in Service Book.

@ Strike out whichever is not applicable.

CHECK LIST / LIST OF ENCLOSURES

1. Service Book(s). [No. of Volumes] : [Enclosed / Not Enclosed]
2. Recent Joint Passport size Photo with Spouse, Specimen Signature / left hand thumb impression (in the case of illiterate) and Descriptive Roll of the Government Employee, all in triplicate, duly attested [furnished in the Annexure]. :
3. Attested copy of Legal Heir Certificate and Death Certificate. :
4. Proof of Date of Birth in the case of children. :
5. Dependency Certificate from the claimant in case of parent. :
6. Income Certificate issued by Revenue Authorities. :
7. Non-remarriage Certificate duly countersigned by any Gazetted Officer. :
8. Sanction order in respect of Non-Government Aided Educational Institution cases and Missing Employee / Pensioner cases. :
9. Guardianship Certificate issued by Court of Law, if payments is to be authorized through Guardian on behalf of minor / mentally retarded children. :
10. Medical Certificate issued by Senior Civil Surgeon of the same discipline where payment is to be authorized to physically handicapped children. :
11. Copy of First Information Report in respect of missing employee / pensioner cases. :
12. Nomination for GPF /DCRG :
13. Death Certificate of first wife or copy of Court Orders for divorce. :

14. Copy of Adoption Deed in case of :
adopted children.
15. Copy of Medical Certificate in the :
case of Mentally Retarded Children.

Place :
Date :

Signature of the Head of Office
/ Department with Seal.

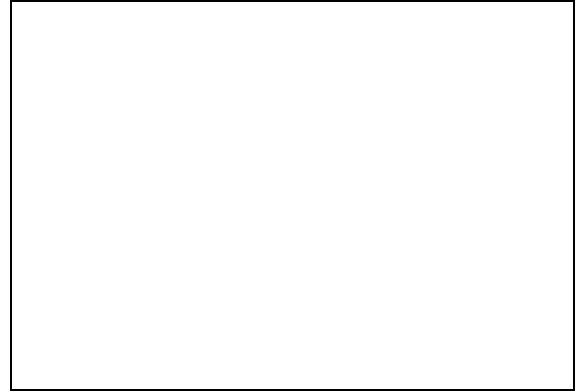
INSTRUCTIONS

1. Please send the application in **DUPLICATE**.
2. Please fill up all columns in capital letters.
3. Incomplete application will not be processed.
4. Annual Account Statement of GPF need not be sent.
5. Last Fund deduction particulars mean deduction to GPF before stopping recovery.

ANNEXURE

(To be sent in Triplicate)

1. Passport size Photo of the Applicant :
/ Guardian in case of minor with
Name.



Name of Applicant :

Name of Guardian in case of minor :

Counter Signature of the
Head of Office with Seal

2. Specimen Signature / Left Hand : 1.
Thumb impression of the applicant / 2.
guardian. 3.
3. Descriptive Roll of Government : 1.
Employee. [Personal Marks of 2.
Identification] 3.

NOMINATION FOR GENERAL PROVIDENT FUND

[FOR USE BY SUBSCRIBERS HAVING FAMILY]

GENERAL PROVIDENT FUND ACCOUNT NUMBER: /FOR

I, _____ hereby nominate the person(s) mentioned below who is/are member(s) of my family as defined in rule 2 of the General Provident Fund (Tamil Nadu) Rules, to receive the amount that may stand to my credit in the fund as indicated below, in the event of my death before that amount has become payable or having become payable has not been paid.

Name and full address of the nominee(s).	Relationship with Subscriber.	Age of the nominee(s).	Share payable to each nominee.	Contingencies on the happening of which the nomination shall become invalid.	Name, address and relationship of the person/persons if any, to whom the right of nominee shall pass in the event of his / her predeceasing the subscriber.
(1)	(2)	(3)	(4)	(5)	(6)

Place :

Date :

Signature of the Subscriber.

Signature of two witnesses with Name and Address:

1.

2.

-/ Countersigned /-

Signature of Head of Office.

Office Address:

NOMINATION FOR GENERAL PROVIDENT FUND

[FOR USE BY SUBSCRIBERS HAVING FAMILY]

GENERAL PROVIDENT FUND ACCOUNT NUMBER:

I, _____, having no family as defined in rule 2 of the General Provident Fund (Tamil Nadu) Rules hereby nominate the person/persons mentioned below to receive the amount that may stand to my credit in the fund as indicated below, in the event of my death before that amount has become payable or having become payable has not been paid.

Name and full address of the nominee(s).	Relationship with Subscriber.	Age of the nominee(s).	Share payable to each nominee.	Contingencies on the happening of which the nomination shall become invalid.	Name, address and relationship of the person/persons if any, to whom the right of nominee shall pass in the event of his / her predeceasing the subscriber.
(1)	(2)	(3)	(4)	(5)	(6)

Place :

Date :

Signature of two witnesses with Name and Address:

1.

2.

Signature of the Subscriber.

-/ Countersigned /-

Signature of Head of Office.

Office Address:

NOMINATION FOR COMMUTATION OF PENSION

I, _____, hereby nominate the person / persons named below under Rule 12 of Tamil Nadu Civil Pensions (Commutation) Rules, 1944.

Name and address of the nominee(s).	Relationship with the pensioner.	Date of Birth / Age	Name and address of other nominee in case the nominee under column (1) predeceases the pensioner.	Relationship with pensioner	Date of Birth / Age	Contingency on happening of which nomination shall become invalid.
(1)	(2)	(3)	(4)	(5)	(6)	(7)

NOTE: If nominee / alternate nominee is minor, furnish the name and address of person who may receive the arrears of commutation of pension.

Place :

Date :

Signature of the Subscriber.

Signature of two witnesses with Name and Address:

- 1.
- 2.

-/ Countersigned /-

Signature of Head of Office.
Office Address:

NOMINATION FOR LIFE TIME ARREARS OF PENSION

I, _____, hereby nominate the person / persons named below under Rule 12 of Tamil Nadu Civil Pensions (Commutation) Rules, 1944.

Name and address of the nominee(s).	Relationship with the pensioner.	Date of Birth / Age	Name and address of other nominee in case the nominee under column (1) predeceases the pensioner.	Relationship with pensioner	Date of Birth / Age	Contingency on happening of which nomination shall become invalid.
(1)	(2)	(3)	(4)	(5)	(6)	(7)

NOTE: If nominee / alternate nominee is minor, furnish the name and address of person who may receive the arrears of commutation of pension.

Place :

Date :

Signature of the Subscriber.

Signature of two witnesses with Name and Address:

1.

2.

-/ Countersigned /-

Signature of Head of Office.
Office Address:

NOMINATION FOR RETIREMENT / DEATH GRATUITY

When the Government servant has a family and wishes to nominate one person or more than one persons, 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 Government of Tamil Nadu in the event of my death while in service and the right to receive on 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)				Alternative Nominee(s)	
Name and address of the nominee(s).	Relationship with the Government servant.	Age	Amount or 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 pre-deceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity	Amount of share of gratuity payable to each**
(1)	(2)	(3)	(4)	(5)	(6)

Place :

Date :

Signature of two witnesses with Name and Address:

- 1.
- 2.

Signature of the Subscriber.

-/ Countersigned /-

Signature of Head of Office.

Office Address:

- Note:
- (i) The Government Employee shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.
 - (ii) Strike out which is not applicable.
 - (iii) If the Original Nominee(s)/Alternate Nominee(s) is/are minor, furnish the name and address of the person with relationship to the Government Employee to receive the amount.

* This column should be filled in so as to receive the amount.

** The amount / share of the gratuity shown in this column should cover the whole amount / share payable to the original nominee(s).

NOMINATION FOR RETIREMENT / DEATH GRATUITY

When the Government servant has a family and wishes to nominate one person or more than one persons, thereof.

I, _____, having no family, hereby nominate the person/persons mentioned below 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 State Government in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity, which having become admissible to me on retirement may remain unpaid on my death.

Original Nominee(s)				Alternative Nominee(s)	
Name and address of the nominee(s).	Relationship with the Government servant.	Age	Amount or 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 pre-deceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity	Amount of share of gratuity payable to each**
(1)	(2)	(3)	(4)	(5)	(6)

Place :

Date :

Signature of two witnesses with Name and Address:

1.

2.

Signature of the Subscriber.

- / Countersigned / -

Signature of Head of Office.

Office Address:

Note: (i) The Government Employee shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

(ii) Strike out which is not applicable.

(iii) If the Original Nominee(s)/Alternate Nominee(s) is/are minor, furnish the name and address of the person with relationship to the Government Employee to receive the amount.

* This column should be filled in so as to receive the amount.

** The amount / share of the gratuity shown in this column should cover the whole amount / share payable to the original nominee(s).

