

ANNEXURE - III

APPLICATION FOR TRANSFER OF EMPLOYEE CONTRIBUTIONS OF CPS TO GPF ACCOUNTS/REFUND OF DEDUCTIONS

(G.O.Ms.No.288, Finance (PGC) Department, dated 10th November, 2016)

[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. General Provident Fund account :
Number with Departmental Suffix
(Copy of GPF allotment order to be
enclosed)
5. Date of Birth :
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. Name of the Applicant/ Guardian :
in case of Minor (IN CAPITAL
LETTERS)
11. Relationship of Applicant] Minor :
with Government Employee
- 12. EVENT NECESSITATING CLOSURE OF CPS ACCOUNT:**
 - (A) Employees who came into the Old :
Pension Scheme under Tamil Nadu
Pension Rules, 1978 and allotted
GPF account [Copy of GPF Account
Number allotment order issued by
the A.G. to be enclosed]
 - (B) Employees who were retired from :
service for whom pension has been
authorized by the Accountant
General under the TNPR, 1978.
(Copy of PPO to be enclosed)
 - (C) Employees who died from service for :
whom family pension has been
authorized by the Accountant
General under the TNPR, 1978
(Copy of PPO to be enclosed)

13. List of Family Members :

S1. No.	Name	Relationship with the Subscriber	Date of Birth and Age	Marital Status
1.				
2.				
3.				

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

Name of the Office	Address	Period of Service	Designation

15. Particulars of Last CPS Deductions :

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)

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

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

Place:

Signature of the Claimant

Date:

(with 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.

Place:

Signature of Head of Office /
Head of Department

Date:

(with Name in Block Letters)