

To:

Sir/Madam,

Please fill up the following fields to be filled in KRITAGYATA portal for pensionary benefits.

****All fields are mandatory. (All fields should be filled in CAPITAL letters only)**

1. Full Name of incumbent (To be filled in Block Letters):

First Name: _____ Middle Name: _____ Surname: _____

2. Designation: _____

3. Permanent Account Number: _____ 4. Date of Birth : ____ / ____ / ____

5. Date of Joining in Govt. Service: ____ / ____ / ____ 6. Date of Retirement : ____ / ____ / ____

7. Email Id: _____ 8. Mobile No.: _____

9. Father's Name : _____

10. Address after retirement: _____

P.O. _____ District: _____ State: _____ Pin: _____

11. Height: _____ (in cm) 12. Blood Group: _____

13. Identification Mark: _____

14. Family Details:

Name	Date Of Birth	Relationship With Govt. Servant	Marital Status	Suffering From Disability? (Yes/ No)

15. Nominee Details

For All (GPF, Gratuity)		For Arrear of Pension	
Name	Percentage	Name	Percentage

16. Specimen Signatures:

First Specimen Signature	Second Specimen Signature	Third Specimen Signature

FROM-I
(See Rule 31 (3))

Form of application for final Payment / Transfer to Corporate Bodies / the Government of balance in the
.....
Provident Fund Account.

To,

The Accountant General (A&E), Assam
Maidamgaon, Beltola, Guwahati-29
(Through the Head of Office)

Sir,

I am to retire / have retired / have proceeded on leave preparatory to retirement for
month / have been discharged/ dismissed / have been permanently transferred to/have
Resigned finally from Government service/ have resigned service under the Govt. of
to take up appointment withand my resignation has been accepted w.e.f.....
Forenoon/ afternoon. I joined service with Govt. ofon
Forenoon /afternoon.

2. My Provident Fund Account No. is ASA/.....

3. I desire to receive payment through my office/ through
the.....Treasury. Particulars of my personal marks of identification, left hand thumb
and finger impressions (in the case of illiterate subscribers) and specimen signature slip (in the case of
literate subscribers) dully attested by a Gazetted Officer are enclosed herewith (in duplicate).

Part-I

(Reference Rule No.31 (4) (a)

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

4. I request that the amount of Rs.....(Rupees.....
.....) only standing to the credit in my Provident Fund Account
as indicated in the Accounts statement issued to me for the year.....(copy enclosed/ as
appearing in my ledger Account being maintained by you) may please be arranged to be paid to me as
first installment of final payment.

5. The under mentioned life insurance policies were being financed by me from my Provident
Fund Account.

Sl. No.	Policy Number	Name of the Company	Sum assured

6. After payment of the first installment of my Provident Fund balance, I will apply for the
payment of subsequent installment in Part-II of the form immediately on retirement.

(Yours faithfully)

Station..... Signature.....

Date Name.....

Address after retirement.....
.....

(This applies only when payment is not desired through the Head of office)
(FOR USE BY THE HEAD OF OFFICE)

1. Forwarded to the Accountant General, Assam, Maidamgaon, Beltola, Guwahati-29 for necessary action
2. The Provident Fund Account Number of Shri / Smti.....
(as certified from the statement, furnished to him/her from year to year) is ASA/.....
3. He/She is due to retired from government Service on.....
4. Certified that he/she had taken the following advance in respect of which
Installment of Rs.....(Rupees.....)
.....)only are yet to be recovered and credited to the Fund Account.

The details of the final withdrawals granted to him/her are also indicated below:-

<u>Temporary advances</u>		<u>Final withdrawals</u>	
1.	Rs.....(Rupees.....)	1.	Rs.....(Rupees.....)
2.	Rs.....(Rupees.....)	2.	Rs.....(Rupees.....)
3.	Rs.....(Rupees.....)	3.	Rs.....(Rupees.....)
4.	Rs.....(Rupees.....)	4.	Rs.....(Rupees.....)

5. Certified that the following amounts were withdrawn from his / her account to finance the Life Insurance Policy.

1.	Rs.....(Rupees.....)	2.	Rs.....(Rupees.....)
3.	Rs.....(Rupees.....)	4.	Rs.....(Rupees.....)
5.	Rs.....(Rupees.....)	6.	Rs.....(Rupees.....)
7.	Rs.....(Rupees.....)	8.	Rs.....(Rupees.....)

Signature of the Head of Office

PART-II

(To be submitted by the subscriber immediately after the last fund deduction has been made as per Rule 31 (4) 9f). 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, datedfor the final payment of Provident Fund balances, 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 -

Signature.....
 Name.....
 Address after retirement.....

(FOR USE BY THE HEAD OF OFFICE)

1. Forwarded to the Accountant General, Assam, Maidamgaon, Beltola, Guwahati-29 for necessary action in continuation of endorsement No..... Dated.....
2. (a) He/She has finally retired/will proceed on leave preparatory to retirement for..... Months/has been discharged/ dismissed/has been permanently transferred to...../has resigned finally from Government service / has resigned service under the Government of..... to take up appointment with.....and his/her resignation has been accepted with effect from.....forenoon/ afternoon. He joined service on.....in the forenoon/ afternoon.
(b) His/ Her Provident Fund Account No.ASA.....
3. The last fund deduction was made from his/her pay in this office Bill No..... Dated..... for Rs.....(Rupees.....) cash voucher No.....of..... Treasury, the amount of deduction being Rs.....(Rupees.....) and recovery on account of refund of advance Rs.....(Rupees.....)
4. Certified that he/she was neither sanctioned any temporary advance or any final withdrawal from his/her Provident Fund Account during the 12 months immediately preceding the date of his/her quitting service under the Government of...../ Proceeding on leave preparatory to retirement or thereafter.

OR

Certified that the following temporary advances/ Final withdrawals were sanctioned to him/her and drawn from his/her Provident Fund Account during the 12th months immediately preceding the date of his/her quitting service under the Govt. of proceeding on leave preparatory to retirement or thereafter.

Sl. No.	Amount of advance/withdrawal		Date	Voucher Number
1.	Rs.....	(Rupees.....)		
2.	Rs.....	(Rupees.....)		
3.	Rs.....	(Rupees.....)		

5. Certified that no amount was withdrawn/ the following amount were withdrawn from his/her Provident Fund Account during the 12 months immediately preceding the date of his/her quitting service under the Government of...../proceeding on leave preparatory to retirement or thereafter for payment of Insurance premium or for the purchase of a new policy.

Sl. No.	Amount		Date	Voucher Number
1.	Rs.....	(Rupees.....)		
2.	Rs.....	(Rupees.....)		
3.	Rs.....	(Rupees.....)		

6. It is certified that no demands /following demands of Government are due for recovery.
7. Certified that he/she has not resigned from Government service with prior permission of the State Government to take an appointment in another Department of the State Government or under the central Government or other State Government or under a body corporate owned or controlled by any State Government/ Central Government.

Signature of Head of Office/Department

- Certificate No, 6 to be furnished in the case of Contributory Provident Fund only.
- Please score out if not necessary.

Specimen Signature Slip

Specimen signature of Shri/Smti.....Retired.....

Holder of G.P.F. Account No.SAS/.....

1.

2.

Attested.

Specimen Signature Slip

Specimen signature of Shri/Smti.....Retired.....

Holder of G.P.F. Account No.SAS/.....

1.

2.

Attested.

FORM NO. 3

TO,

* The _____

Sub: Application for payment of accumulation under
State Government Employees Group Insurance
Scheme, 1983.

Sir,

I have been a member of the State Government
Employees Group Insurance Scheme, 1983 since 1 _____
** I have retired Voluntarily, from service after attaining
the age of _____ years/I have ceased to be
in employment with the State Government with effect from
_____. I was holding the post of _____
before retirement/cessation of employment with the State
Government. I request that the amount due to me under State
Government Employees Group Insurance Scheme may be paid to me.

GPF A/C No -

Yours faithfully,

* Designation and address of the Head of Office.

** Month and year of becoming a member of the Scheme
may be indicated here.

SPECIMEN SIGNATURE SLIP

Specimen signature of _____

Retired _____ under Establishment of

Secretariat Administration (Establishment) Department, Dispur.

- 1.
- 2.
- 3.

Attested

@@@@@

DESCRIPTIVE ROLL

Descriptive Roll of _____

Retired _____ under Establishment of

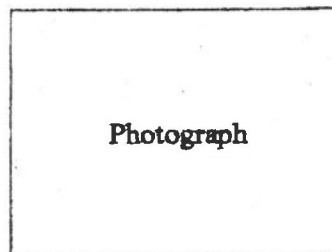
Secretariat Administration (Establishment) Department, Dispur.

1. Height.

2. Personal Identification marks :
(if any on head, face etc.)

FORM - A
COMMUTATION OF PENSION
(FORM OF APPLICATION)

(To be filled in by the applicant)



I Shri / Smti.....
desire to Commuted Rs.....out of my monthly
superannuation / Retiring Pension of Rs..... I certify that I have
answered correctly each and all of the question below. Two copies of Passport size photograph
(one attested copy and another not attested) are furnished.

Place..... Signature.....

Date..... Designation.....

Address.....

QUESTION

ANSWER

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1. What is the date of your birth | : |
| 2. Date of your superannuation | : |
| 3. Date of application | : |
| 4. How much of your pension do you wish to commute | : |
| 5. (a) Have you already commuted a portion of your pension. If so, give particulars. | : |
| (b) Has any application from you for communication of Pension ever been rejected or have you ever accepted / declined to accept communication of Pension on the basis of an addition of years to your actual age recommended by medical authority. If so, give particulars. | : |
| 6. From what treasury do you draw or propose to draw your pension and commutation money. | : |
| 7. (a) If you are already drawing your pension : quote the number of your Pension payment order or Coloninel warrant | : |
| (b) State specifically whether you are drawing anticipatory pension. | : |

8. Without prejudice to the discretion of the sanctioning authority from what date approximately do you wish this communication to have effect.
9. At what station near the area in which you are ordinarily resident would you prefer for your medical examination to these place.
10. (a) Are you on re-employment or likely to be re-employed soon ?
 (b) If so, name the authority under whom you are re-employed or likely to be re-employed :
 (c) State your designation and address on re-employment.
 (d) Whether your Pension has been or will be allowed to be drawn in whole or in part during re-employment or it has been held in abeyance during re-employment.
11. State the amount of Provident Fund money (including any non-refundable withdrawals and the amount of death-cum-retirement gratuity received by you.
12. Name the Account Officer who authorised the payment of provident Fund money (including any non-refundable withdrawals) and death-cum-retirement gratuity to you.

Place Date Signature

 The class of pension superannuation, retiring, invalid, compensation should be stated, and if the amount of Pension is not known, a suitable modification should be made in the Form.

The portion of the Pension to be commuted should consist of whole rupees or of rupees and a multiple of five paise.

In case of anticipatory pension, the Pensioner may if desired, indicate his intension to commute the maximum amount in the event of his final pension being more than the anticipatory pension. In such a case, the amount proposed to be commuted, alternatively, may be expressed in terms of a percentage of full pension within the maximum permissible limit. The pensioner may also indicate whether he anticipates that the final amount of pension that he would be entitled to commute might exceed Rs. 25/- in case he desire to commute a sum excluding is Rs. 25/-.

 To be filled in by the forwarding authority in case govern by Rule 7(1)(

Memo NO. Dated Dispur, the

Forwarded to the Accountant General, Assam, Maidangson, Beltola, Gauhati-29/ Director of Pension, Assam, Housefed Complex, Last Gate Gauhati-6. for favour of Admissibility report.

Signature :
 Designation:
 Department of :



SEAL.