

APPENDIX – (T)
(UNDER SECTION RULES – 25(A))
FORM OF APPLICATION FOR THE PAYMENT OF
SOCIAL SECURITY CUM PROVIDENT FUND BOOSTER

(To The Families Of The Deceased Zilla Parishad Provident Fund Subscribers)

To
The Chief Executive Officer,
Zilla Praja Parishad,
Guntur.

(Through The Head of Office in Case of Non-Gazetted / Through The Head of the Department in Case of Gazetted Officers)

- 1) Name Of The **Deceased Subscriber** ::
(IN CAPITAL LETTERS) _____
- 2) Designation & Office to which Attached ::
(Full Address with PIN Code) _____

- 3) Subscribers PF Account Number ::

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- 4) Date of Entry Into Service (DD/MM/YY) :: _____
- 5) Date of Death (DD/MM/YY) :: _____
- 6) Name Of The **Claimant** ::
(IN CAPITAL LETTERS) _____
- 7) Relation with the Subscriber :: _____
- 8) Residential Address of the **Claimant** ::
(Full Address with PIN Code) _____

- 9) Whether Final Payment is Made? ::
(YES/NO) _____
- a) If Yes, to Whom ? :: _____
- 10) a) **SBI Savings Account Number** of The **Claimant** ::

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(Xerox Copy Of Bank Pass Book Should Be Enclosed. Not Applicable for Balance Transfer)
- b) **SBI Branch Name** :: _____
- c) **SBI Branch Code Number** ::

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- 11) Certificates Enclosed (YES/NO) :: 1) **Death Certificate**
2) **Proper Person Certificate**

Station : _____ Signature of The CLAIMANT

Date : _____ NAME : _____

For the use of Head of the office / Head of the Department

Rc. No. _____

O/o _____

Dated the: _____

The Social Security cum Provident Fund Booster Scheme Application is forwarded to the Chief Executive Officer, Zilla Praja Parishad, Guntur for further necessary action

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

Station :

Yours faithfully,

Date :

Signature of The Head of the Office / Department
with Date & Designation with Postal Address

To The Chief Executive Officer, Zilla Praja Parishad, Guntur.

FORM - 40A

(See Instruction 4(i) to (iii) under Treasury Rules 17)

BILL FOR WITHDRAWAL FROM GENERAL AND OTHER PROVIDENT FUNDS ANNEXURE

DISTRICT : GUNTUR

SUB-ACCOUNT: _____ VOUCHER No. : _____ of _____ 20

STATE PROVIDENT FUND _____ PROVIDENT FUND _____ of _____ BRANCH

Bill for Withdrawing PROVIDENT FUND BOOSTER Withdrawals from the Zilla Parishad Provident Fund, Guntur of Sri / Smt. _____

For the month of _____ / _____ in the Office of _____

- 1) Name & Designation of the Subscriber :: _____
2) Name of Claimant (Proper Person) :: _____
3) Proceedings No. & Date of Sanctioning Authority. :: _____
4) Nature of withdrawn :: BOOSTER
a) Amount :: Rs.
5) Acquittance (Affix a Revenue Stamp & Sign Across) :: _____
6) Remarks :: _____

Particulars of Amount Refunded:-

Table with 6 columns: Sl. No., Name of the Subscriber & Designation, ZPPF Account No., Date of Drawl, Particulars of Amount Drawn, Amount Rs. The 'Particulars of Amount Drawn' cell contains the word 'BOOSTER'.

Station : Deputy Chief Executive Officer, Zilla Praja Parishad, Guntur
Date :

Passed for Rs. _____ /-(In Words Rupees _____ Only)

and PAY the same to Sri / Smt. _____

by way of CHEQUE / DD / ON-LINE ADJUSTMENT to the individuals Savings Bank Account No. _____ at State Bank Of India, _____ Branch.

// ACCOUNT VERIFIED //

Accounts Officer, Zilla Praja Parishad, Guntur

Deputy Chief Executive Officer, Zilla Praja Parishad, Guntur

Contents Received _____

Signature of the messenger _____

1. Certified that I have satisfied myself that all sums included in bills (Form No. 40-A) drawn on month / two months / three months Previous to this date in favour of Messer's _____ Account No. _____ with the exception of those detailed (of which the total has been refunded by deduction in this bill) have been disbursed to the proper persons and that their acquittances have been taken and filed in my Office with receipts stamp duly cancelled for every payment.
2. Certified that the balance in the funds at the credit of Sri / Smt. _____ on the date of withdrawn covers the sum drawn in this bill.
3. Certified that the amount asked from the bill as required to meet the yearly premium due on in respect of policy No. _____ with the _____ Company Limited. The policy / policies in question have been assigned to the Government of Andhra Pradesh and in the custody of the ZPP, GUNTUR. The details, of the policy / policies proposed to be taken has been communicated to and accepted by the Zilla Parishad in his letter No. _____, dated _____.

Sl. No.	Name of the Subscriber with Account No.	No. of the Policy	Name of the Company	Amount of Premium	Due Date of Premium	Stock Number

4. Certified that in respect of withdrawals made in bill (Form-40A) one month / two months / three months previous to the date towards payment of insurance premium the original premium receipt have been within one month of the date of withdrawal and forwarded to the ZPP, GUNTUR with the exception of those _____ for the scrutiny and the necessary endorsements have been made on the receipt to the effect that the no statement of income tax is admissible.
5. Certified that the number of policies from the GPF Dues not exceeds fours the number of policies financed from the GPF / exceeded four as these were accepted prior to 16.8.98.

Station :

Date :

Deputy Chief Executive Officer,
Zilla Praja Parishad, Guntur

FOR USE IN AUDIT OFFICE

Item _____ of _____

ADMITTED	:	Rs.
OBJECTION	:	Rs.
TOTAL	:	Rs.

Details of Objection, if any

ACCOUNTANT

District Audit Officer,
State Audit, Guntur