

FORM 10 (C)

Form of application for Final Payment of Balance in the provided Fund Account of a subscriber to be used by the nominees as or any other claimants where no nomination subsists.

To

The Accountant General  
Nagaland, Kohima  
(Through the Head of Office)

Sir,

It is requested that arrangements may kindly be made for the payment of the accumulation in the General Provident Fund of \_\_\_\_\_  
Certificate No. 6 to be furnished in the case of contributory Provident Fund only.

\*\*\* Please score out if not necessary.

Fund Account of \_\_\_\_\_ The necessary particulars required in this connection are given below :-

1. Name of the Government servant \_\_\_\_\_
2. Date of Birth \_\_\_\_\_
3. Post held by the Government servant \_\_\_\_\_
4. Date of death \_\_\_\_\_
5. Proof of death in the form of a death certificate issued by the Medical authorities, if available \_\_\_\_\_
6. Provident Fund Account No. Allotted to the subscriber \_\_\_\_\_
7. Amount of provident Fund money standing to the credit of the subscriber at the time of his death, if known \_\_\_\_\_
8. Details of the nominees alive on the date of death of the subscriber if a nomination subsists \_\_\_\_\_

Name of the nominee	Relationship with the subscriber	Share of the nominee
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- |          |       |       |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

9. In case, the nomination is the favor of a person other than a member or the family, the details of the family if the subscriber subsequently required a family,

Relationship with the subscriber

Age on the date of death

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |

10. In case no nomination subsists, the details of the surviving members of the family on the date of death of the subscriber. In case of a daughter or of a daughter of a deceased son of the subscriber it.

11. In the case of amount due to a minor child whose mother (widow of subscriber) is not a Hindu, the claim should be supported by indemnity Bond or Guardianship certificate, as the case may be.

Contd/-

12. If the subscriber has left no family and no Nomination subsists, the names of a persons to whom the Provident Fund money is payable (to be supported by looter of probate or succession certificates, etc.

Name	Relationship with the subscriber	Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

13. Religion of the claimant (s).

14. The payment is desired through the office of \_\_\_\_\_ Treasury/Sub Treasury, In the connection the following documents duly attested Magistrate are attached.

(i) Personal marks of identification \_\_\_\_\_  
This applies only when payment is not desired through the Head of office.

(ii) Left/Right—thumb or finger impressions (in the case—illiterat claimants).

(iii) Specimen signature if duplicate (in case of—claimants).

Yours faithfully

Station \_\_\_\_\_

Dated \_\_\_\_\_

(Signature of claimant)  
Full name and address.

**(FOR USE OF HEAD OF OFFICE/DEPARTMENT).**

Forwarded the Accountant General, Nagaland for necessary action particulars furnished above have been duly verified.

2. The Provident Fund Account No. \_\_\_\_\_ of Shri/Smti/Kumari \_\_\_\_\_ (as verified from the annual statements furnished to him/her is \_\_\_\_\_.

3. He/She died on \_\_\_\_\_ A death certified issued by the authority has been produce/in this case as there is no doubt his/her death.

4. The last fund deduction was made from his/her pay, for the month of \_\_\_\_\_ drawn in this office Bill No \_\_\_\_\_ date \_\_\_\_\_ for Rs \_\_\_\_\_ (Rupees \_\_\_\_\_) cash voucher No \_\_\_\_\_ of \_\_\_\_\_ Treasury, the amount of deduction being Rs \_\_\_\_\_.

5. Certificate that his/she was neither sanctioned any temporary advance nor any final withdrawal from his/her provident Fund Account during the 12 months immediately proceeding the date of his/her death.

Certificate that the following temporary advances/final withdrawals were sanctioned to him/her drawn from his/her Provident Fund Account during the 12 months immediate proceeding the date of his/her death.

Amount of advances Withdrawals	Date and place of encashment	Voucher Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

6. Certified that no amount was withdrawal/the following amounts were withdrawn from his/her Provident Fund Account during 12 months immediate proceeding the date of his/her death for payment of Insurance premium or for the purchase of a newly policy.

Policy number and name of the company	Amount	Date	Voucher number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**NO DEMAND**

7. It is certified that no demands of Govt. are due for recovery.
8. Certified that no advance/following advances sanctioned in terms of the ministry if Finance Memorandum No. (3)-E-V. (A)/65 dated the first November 1965 is due for recovery.

**(Signature of the Head of officers/Department)**

Note :- Certificate No. 7 to be furnished in the case of GPF only.