ANNEXURE-I

APPLICATION FOR FINAL SETTLEMENT OF CONTRIBUTORY PENSION SCHEME ACCOUNT

[Vide G.O.Ms.No.59,Finance (PGC) Department, Dated 22nd February, 2016.]

(Please ensure that all the relevant Particulars are given with certificates where necessary to avoid delay in settlement of claim)

(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. Date of Birth :

5. Religion :

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. EVENT NECESSIATING CLOSURE OF ACCOUNT :

(a) Retirement on Superannuation (attach a copy of the order) :

(b) Voluntary Retirement (copy of orders to be enclosed) :

(c) Resignation (attach a copy of the orders of acceptance of resignation) :

(d) Dismissal / Removal / Compulsory Retirement / Invalidation Date :

(i) (ii) (iii) (iv)

Have you preferred an appeal?	:	
If yes, date of its disposal / withdrawal	:	
If no, date of expiry of appeal time	:	
If no appeal has been preferred give an undertaking that no appeal will be preferred in future.	:	I hereby undertake that no appeal shall be preferred by me against my dismissal / removal / Compulsory retirement / invalidation (Strike out whichever is not applicable)

(e) (i) **Date of Death:**

(ii) Has the subscriber filed any nomination: (If yes, enclose nomination original)

If No or if the nomination has been rendered null: and void who are the

esurvivingfamilymembersonthedateofdeathofthes

ubscriber(EnclosealLegalHeirshipCertificate):

Sl. No.		Relationship with the Subscriber	Date of Birth and Age	Marital Status
1.				
2.				
3. (iii)				

If any of the nominee die after the subscriber but before

or receiving payment. Please as furnish details thereof

(iv) If there is no nomination and if the Subscriber has left no family to whom should the money be paid? (Enclose Letters of Probate or Succession Certificate) :

(f) Transfer of Balance :

(i) Date of absorption on permanent basis :
Organisation to which transferred / joined on permanent basis

Is absorption on permanent basis? :

(ii) Is the absorption with the approval of State Government? If so, details of orders may be furnished? :

(iii) Accounts Officer to whom the balance is to be transferred :

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

(1). (2). (3).	Name of the Office	Period of Service	Designation	Address

12. Particulars of Last CPS Deductions:

Sl. No.	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)	(10)

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

14. Whether a Self Drawing Officer [Drawing Pay in the Scale of Pay of] :

If Yes

(a) Treasury / PAO at which CPS payment is desired :

(b) Enclose the following :

(i) Personal Marks of Identification :

(ii) Specimen Signature or left/right hand thumb and fingers impression :

15. I hereby undertake that I will not claim any further due for pension / family pension settlement / benefits in future under Contributory Pension Scheme.

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

Station :

Date :

Signature of the Claimant.

(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.

Station :

Date :

Signature of Head of Office / Head of Department

(with Name in BLOCK LETTERS)

ANNEXURE-II

AUTHORISATION FOR FINAL SETTLEMENT OF CPS ACCOUNT

[Vide G.O.Ms.No.59, Finance (Pension) Department, Dated 22nd February, 2016.]

OFFICE OF THE DIRECTOR OF TREASURIES AND ACCOUNTS DEPARTMENT
SAIDAPET, CHENNAI-600 015.

Valid for Six Months Only

**[*Under Rupees*

] Ref. No. **Date :**

To

Sir / Madam,

Sub: Contributory Pension Scheme - CPS Account of Thiru/Tmt. (Name) _____ (Designation) _____ - CPS A/c

No._____ - Final payment authorised.

Ref: Letter No. , dated _____.

-oOo-

With reference to the letter cited, I hereby authorise you to draw a sum of Rs. /- (Rupees _____) by presenting a bill at the District / Sub-Treasury / PAO _____.

2. The amount represents the available balance in the CPS Account of Thiru/Tmt. (Name) (Designation) _____ _____ - Account No. _____ with Govenment matching contribution and inerest thereon upto _____.

3. The following(s) is/are the nominee(s)/legal heir(s) according to the nomination / legal heir certificate, dated_____. Payment may be made to him/her/them on proper identification.

Sl.No.	Name(s) of the Claimnant	Relationship	Marital Status	Date Of Birth	Share
(1)	(2)	(3)	(4)	(5)	(6)
1.					
2.					
3.					

4. A copy of this authorisation is being forwarded to the _____ _____.

5. The bill for the amount authorised herein shall be debited to the following head of account:-

Sl.No.	HEAD OF ACCOUNTS	Amount
(1)	(2)	(3)
	Employee's Contribution	
	Subscription	
1.	8342.00. OTHER DEPOSITS – 117. Defined Contribution : Pension Scheme for Government Servants - .Contributory Pension Scheme for _____ – Employee's Contribution **[DPC 8342 00 117 ____ _____ (Outgo)]**	Rs._____/-
	Interest	
2.	8342.00. OTHER DEPOSITS – 117. Defined Contribution : Pension Scheme for Government Servants - ___. Interest on Contributory Pension Scheme for – Employee's Contribution. **[DPC 8342 00 117 (Outgo)]**	Rs._____/-
	Employee's Contribution	Rs._____/-
	Subscription	
3.	8342.00. OTHER DEPOSITS – 117. Defined Contribution : Pension Scheme for Government Servants - .Contributory Pension Scheme for _____ – Government / Employer's Contribution. **[DPC 8342 00 117 ____ _____ (Outgo)]**	
	Interest	

4.	8342.00. OTHER DEPOSITS – 117. Defined Contribution **:** Pension Scheme for Government Servants - ___. Interest on Contributory Pension Scheme for – Government / Employer's Contribution. **[DPC 8342 00 117 (Outgo)]**	Rs._____/-
	TOTAL	Rs._____/-

Place :

Date :

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Copy to :

1.

2.

3. Stock File / Spare Copy