

Form - 10B / (Part-I)

**FORM OF APPLICATION FOR FINAL PAYMENT OF BALANCE IN THE PROVIDENT FUND
ACCOUNT OF A SUBSCRIBER TO BE USED BY THE NOMINEES OR ANY OTHER CLAIMANTS
WHERE NO NOMINATION SUBSISTS.**

To
The Principal Accountant General (A&E), West Bengal,

(Through the Head of the Office)

Sir,

It is requested that arrangements may kindly be made for the payment of the accumulations in the Provident Fund Account of Late : _____.

The necessary particulars required in this connection are given below :-

1. Name of the Govt. Servant :
2. Date of birth :
3. Post held by the Govt. Servant :
4. Date of death :
5. Proof of death in the form of a death :
Certificate issued by the Municipal
Authorities, etc. if available
6. Provident Fund Account No. allotted :
to the subscriber
7. The designation and address of the D.D.O. under whom the subscriber served last is
_____ and the name and address of the
accredited Treasury is _____.
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.
- 3.
- 4.

9. In case of nomination is in favour of person other than a member of the family, the
details of the family if the subscriber subsequently acquired a family :-

Name of the Nominee	Relationship with the subscriber	Age on the Date
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- 1.
- 2.
- 3.
- 4.

Contd....P/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 the case of a daughter or of a daughter of a deceased son of the subscriber married before the death of the subscriber, it should be stated against her name whether her husband was alive on the date of death of the subscriber :-

Name	Relationship with the subscriber	Age on the Date
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- 1)
- 2)
- 3)
- 4)

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 _____

12. If the subscriber has left no family and no nomination subsists the names of persons to whom the Provident Fund money is payable (to be supported by letters of probate or succession certificate etc.) :-

Name	Relationship with the subscriber	Age on the Date of death
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- 1)
- 2)
- 3)
- 4)

13. Religion of the claimant (s) _____

Yours faithfully,

State :

(Signature of claimant)
Full name and address

Dated :

FORM - 10B / (Part-II)

(For use by the Head of the Office/Department)

Forwarded to the Principal Accountant General (A&E), W.B., for necessary action. The particulars furnished above have been duly verified.

1. The Provident Fund Account No. of
Late _____ (as verified from the annual
statements furnished to him/her) is _____
2. He / She died on _____. A death certificate issued by the Municipal
Authorities, etc. has been produced / is not required in this case as there is
no doubt about his / her death.
3. The last fund deduction was made from his / her pay for the month of
_____ Drawn in this office Bill No. _____ dated _____
for ₹ _____ (Rupees _____) Cash
Voucher No. _____ of _____ Treasury,
the amount of deduction being ₹ _____ and recovery on account of
Refund of advance ₹ _____
4. Certified that he / she was sanctioned / not sanctioned refundable advance(s)
from his / her Provident Fund Account during the 12 months immediately
preceding the date of his / her death :-

Amount of Advance	G.O. No. & Date	Token No. & Date
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- 1)
- 2)
- 3)
- 4)

Certified that he / she was sanctioned / not sanctioned Part final
withdrawals from his / her Provident Fund Account during the 12 months
immediately preceding the date of his / her death :-

Amount of withdrawal	G.O. No. & Date	Token No. & Date
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- 1)
- 2)
- 3)
- 4)

- *5. It is certified that no demand / following demands of Government is / are due for recovery from the incumbent.
6. Certified that he / she was sanctioned / not sanctioned any amount (not exceeding 90% of balance standing at his / her credit in terms of Finance Department (Audit Branch) Memo. No. 11830-F dated 05.11.1993 during 12 months immediately preceding this date of his / her retirement / death. The detail of which has been mentioned below :-

Amount of withdrawal

G.O. No. & Date

Voucher/Token No. & Date

(Signature of the Head of the Office / Department)

* Certificate to be furnished in case of Contributory Provident Fund only.