

INDIAN COUNCIL OF AGRICULTURAL RESEARCH KRISHI BHAWAN: NEW DELHI

F. No. GAC-21-37/2014-CDN

Dated the 3rd Sept., 2014

ENDORSEMENT

Department of Personnel and Training, Ministry of Personnel, Public Grievances and Pensions, Government of India, New Delhi has issued instructions regarding Revision of Forms under the General Provident Fund (Central Services) Rules, 1960 and Contributory Provident Fund Rules (India), 1962. As approved by the competent authority, this O.M. No. 20/4/2014-P&PW(F) dated 19.6.2014 has been uploaded on the ICAR web-site <u>www.icar.org.in</u> and e-office for information and compliance.

(J.N. Bhagat) **Under Secretary (GAC)**

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भारतीय कृषि अनुसंधान परिषद कृषि भवन - नई दिल्ली

फा॰सं॰.सा.प्र.स. - 21-37/2014-समन्वय

दिनांक 3.9.2014

पृष्ठांकन

पेंशन एवं पेंशनभोगी कल्याण विभाग,कार्मिक मंत्रालय लोक शिकायत एवं पेंशन मंत्रालय भारत सरकार नई दिल्ली द्वारा ओ.एम. सं 20/4/2014-पी एंड पीडब्लू (फ) दिनांक 19.6.2014 को सामान्य भविष्य निधि (केन्द्रीय सेवा) नियम 1960 और अंशदायी भविष्य निधि नियम (भारत) 1962 के तहत फार्म का संशोधन लागू होने के बारे में जारी किया गया है। यह का.ज्ञा. भा.कृ.अ.प. की वेबसाइट <u>www.icar.org.in</u> और ई-ऑफिस पर सूचना एवं अनुपालन हेत् अपलोड कर दिया गया है।

(जे. एन. भगत) अवर सचिव (जीएसी)

वितरणः

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- सचिव (कर्मचारी पक्ष) सीजेएससी राष्ट्रीय अनुसंधान केन्द्र, सुअर रानी, गुवाहाटी -781131(असम)
- 7. सचिव (कर्मचारी पक्ष) ऐचजेएससी भा.कृ.अ.प., कृषि अन्संधान भवन-2

8. गार्ड फाइल/अतिरिक्त प्रतियां

No. 20/4/2014-P&PW(F) Government of India Ministry of Personnel, P.G. & Pensions Department of Pension & Pensioners' Welfare

Lok Nayak Bhawan, Khan Market, New Delhi June 19, 2014

Office Memorandum

Sub: Revision of Forms under the General Provident Fund (Central Services) Rules, 1960 and Contributory Provident Fund Rules (India), 1962 - regarding.

The undersigned is directed to state that the Department of Pension &PW has been in the process of reviewing Forms for Pensionary/retirement benefits and Nominations under the various Rules administered by this Department for some time.

2. The Forms under the CCS (Pension) Rules, CCS (Commutation of Pension) Rules and Payment of Arrears of Pension (Nomination) Rules have been amended and notified in the Gazette of India (Extraordinary), which are available on this department's website www.persmin.nic.in.

3. The Forms under the General Provident Fund Rules and Contributory Provident Fund Rules have been looked into and the revised Forms are enclosed hereto.

4. It is re-emphasized that there is no provision under the rules for an application by the employee for payment of final Payment/transfer of balance on retirement or discharge or dismissal or permanent transfer outside the Govt. The Head of Office shall take necessary action in Form I in such cases without asking the Government servant to apply for the same. In all other cases of withdrawal from the General/Contributory Provident Fund, the subscriber shall apply in Form 4. Head of Office will also ensure that such payment/transfers be made on time. There should be no additional liability on the Government on account of interest payment.

5. The Forms have been re-designed so that the Drawing and Disbursing Officer, the Head of Office and any other authority concerned in terms of the rules may record their remarks on the Forms and no separate noting in the note sheet is required, except in special cases warranting an examination of the facts of the case etc.

6. All Ministries/Departments are requested to give wide publicity to these Forms and instruct the authorities concerned to use these forms henceforth. \mathcal{AD}_{-1}

(Tripti P.Ghosh)

Director

To

1 All Ministries/Departments of the Govt. of India

2. Controller General of Accounts, 7th Floor, Lok Nayak Bhawan, New Delhi.

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FORM 1

Form to be used by Head of Office for Final Payment/transfer of balances in the General/Contributory Provident Fund Account to Autonomous Bodies/Other Governments

The General Provident Fund/Contributory Provident Fund Account Number of Shri/Smt./Km..., as certified from the statements furnished to him/her from year to year, is

3. Certified that he/she had taken the following advances in respect of which...... installments of Rs...... each are outstanding.

Amount of Temporary advances	Amount outstanding
1	
2	
3	
4	

4. Details of the withdrawals granted to him/her in the current financial year are also indicated below-

Amount of Final withdrawal	Date of withdrawal
1	
2	
3	
4	·····

5. After adjusting the above withdrawals and advances, an amount of Rs.....standing to the credit in his/her Provident Fund Account is appearing in the ledger account.

6. The final payment be made after verifying the records.

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Signature Head of Office

Forwarded to the Pay and Accounts Office for necessary action.

Form 2 Form of application for final payment of balance in the Provident Fund Account on death of a Subscriber Part - I

То

The Head of Office,

.....

Sir,

1. Name of the subscriber.....

2. Post held by the subscriber.....

3. Date of death of the subscriber.....

4. Provident Fund Account number allotted to the subscriber

5. Information in 5 A or 5 B below, as applicable:-

5 A. Details of members of family and the nominees alive on the date of death of the subscriber:

Name and address of the nominee/member of family	Date of birth of the nominee/ member of family	Marital status of nominee on the date of death of subscriber	Relationship of the nominee/member with the deceased subscriber	Whether he/she is a nominee
(1)	(2)	(3)	(4)	(5)

Or

5 B. If the subscriber has left no family and no nomination subsists, the name of persons to whom the provident fund money is payable (to be supported by letter of probate or succession certificate, etc).

	Name and address	Relationship with the subscriber	Date of birth
(i)			
(ii)			
(iii)	·····		• • • • • • • • • • • • • • • • • • • •

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6. In case the recipient(s) is/are minor, details of the guardian-

Name	Date of birth	with	Relationship with the deceased Government servant	Postal Address

Note: In case of a minor child whose mother (widow of subscriber) is not a Hindu, the claimant shall submit an Indemnity Bond, or Guardianship certificate, as the case may be.

7. The claimants, shall enclose the following documents, duly attested:

- (a) Photograph
- (b) Specimen signatures in duplicate (in case of literate claimants)/Thumb or finger impression (in case of illiterate claimants)
- 8. Other documents to be enclosed:
 - (a) Death certificate
 - (b) A copy of letter of probate/succession certificate/legal heir certificate, etc. (where applicable).
 - (c) Any other document regarding eligibility of the claimant, as per rules

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Yours faithfully

Station Date

> (Signature of claimant, including gurdian) (Full name and address)

PART II

(FOR THE USE OF HEAD OF OFFICE)

Forwarded to the Pay and Accounts Officer for necessary action. The particulars furnished above have been duly verified.

3. The last fund deduction was made from his/her pay for the month of drawn in this office Bill No., dated for Rs (Rupees), the amount of deduction being Rs. and recovery, on account of refund of advance being Rs

4. Certified that he/she was neither sanctioned any temporary advance nor any final withdrawal from his/her Provident Fund Account during the 12 months immediately preceding the date of his/ her death; or

Certified that the following temporary advances/final withdrawals were sanctioned to him/ her and drawn from his/ her Provident Fund Account during the 12 months immediately preceding his/ her death.

Amount and date of advances/withdrawals Date

(i)

(ii)

5. Amount of Provident Fund Money standing to the credit of the subscriber at the time of his/her death is Rs.....

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(Signature of the Head of Office)

Form 3

Form for Application for Advance from General Provident Fund/Contributory Provident Fund

1.	Name of the	subscriber				
2.	Account Nu	mber (with Department	al suffix)			
3.		gnation on/Branch				•••
4.	Basic Pay/ (Pay in the Pay Band+G	rade Pay)	••••		
5.		redit of the subscriber c (if known)	n the date of			
6.		v advance is outstanding which advance was take				
7.	Amount of a	dvance required			 ₹	
8.	(b) If adv	ose for which the advant vance is sought for Hou wing information may b Location and measur Whether plot is freeh Plan for construction If the flat or plot beir a Group Housing Soo the location and mea Cost of construction (vi) If the purchas other State/city Deve any Housing Board of Government agency, Dimension etc., may	se Building, etc be given:- ement of the pl- cold or on lease ag purchased is ciety, the name surement, etc. be of flat is from lopment author or any other the location,	ot from of the S		
		vance is required for ed wing details may be giv Name of the son/dau Class and Institution/ studying Whether a day-schola	en:- ghter College where 	lren,		

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(d)	If advance is required for treatment of ailing
	member(s) of family, following details may be
	.given:-

(i) Name of the patient and relationship ...

- (ii) Name of the Hospital/Dispensary/ Doctor where the patient is undergoing Treatment ...
 (iii) Whether outdoor/indoor patient
- (iv) Whether reimbursement available or not

Note:- In case of advance under 8 (c) to 8 (e), no certificate or documentary evidence is required.

. . .

9. Number of monthly instalments in which the consolidated advance (total of items 6 and 7) is proposed to be repaid instalments

- 10. (i) Special reasons for the advance if it is in excess of the limit laid down in rule 12 (1) or if there is an advance outstanding as on the date of application
 - (ii) Special circumstances if the advance is applied for the reasons other than those mentioned in rule 12 (1)

I certify that particulars given above are correct and complete to the best of my knowledge and belief and that nothing has been concealed by me.

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Signature of Applicant

Dated:

Part II (To be filled in by the Drawing & Disbursing Officer)

1. Balance at credit of the subscriber on the date of application is given below:-

(i)	Closing balance as per statement for	/
	the year	₹
(ii)	Credit from to	on
	account of monthly subscription	₹
(iii)	Refunds	₹
(iv)	Amount of advance outstanding	₹
(v)	Withdrawals during the period from	
	to	₹
(vi)	Net balance at credit	₹

2. Purpose for which advance was taken earlier.

(Signature) Name and Stamp of Drawing and Disbursing Officer

Part III (To be filled by the Administrative Office)

Comments/recommendations/orders on the application for advance from Provident Fund

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(Signature)

Form 3 A Pro forma for sanction of advance from Provident Funds

No. Ministry of.....

То

Accounts Officer

••••••

Sir,

4.	The balance at the credit of Shri as a	on	is deta	iled bel	ow:-
(i)	Balance as per account slip for the year		₹		
(ii)	Subsequent deposits and refunds of advance				
	at the rate p.m. from to		₹		
(iii)	Total of Col. (i) and (ii)		₹		
(iv)	Subsequent withdrawals and advances if any		₹		
(v)	Balance as on date of sanction Col. (iii) – (iv)		₹		
5.	This issues with the concurrence of			vide	Dy.
No	, dated				

Sanctioning authority

Copy forwarded to:

1. Drawing and Disbursing Officer.

2. Shri/Smt./Km His/her attention is drawn to the provisions of the Rule 12 of GPF (CS) /CPS (India) Rules and requested that a certificate to the effect that the advance sanctioned above has been utilized for the purpose for which it has been sanctioned may, therefore, please be furnished within three months of the disbursement of the money.

3. Sanction File.

4. Pay and Account Office

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Form 4

Pro forma for application for withdrawal from General Provident Fund/Contributory Provident Fund

1.	Name of the subscriber		
2.	Account Number (with Departmental suffix)		
3.	 (a) Designation (b) Section/Branch 		····
4.	Basic Pay/ (Pay in the Pay Band+Grade Pay)		
5.	Date of joining service		
6.	Date of superannuation		
7.	Balance at credit of the subscriber on the date of Application		
8.	 (a) Amount required as withdrawal (b) Is the application made under rule 15 (1) (0 that is, one year before the date of superant (c) If no, purpose for which the withdrawal is 	nuation	Yes/No
9.	Whether any withdrawal was taken for the same purpose earlier. If so, indicate the amount and the	year	

Dated:

Signature of Applicant Name

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Part II (To be filled in by the Head of Office)

1.	Balance at credit of the subscriber on the date of applied	cation is given below:-
(i)	Closing balance as per statement for the year	₹
(ii)	Credit from to on	
	account of monthly subscription	₹
(iii)	Refunds	₹
(iv)	Amount of Advance outstanding	₹
(v)	Withdrawals during the period from	
	to	₹
(vi)	Net balance at credit	₹

2. Purpose for which advance was taken

2 7 10 1

3. It is certified that the amount of withdrawal exceeds/does not exceed six months pay of the applicant Or half the amount at his/her credit / subscription in the Fund Account, whichever is less / three-fourths of the amount of the credit / subscription of the applicant in the Fund Account.

4. It is certified that the applicant is within 10 years of his retirement on superannuation / has completed years of his Government service on

5. It is also certified that the total amount drawn, including the withdrawal from the Provident Fund, from all Government sources by the applicant for house building purposes does not exceed the maximum limit prescribed from time to time under rules 2 (a) and 3 (b) of the Scheme of the Ministry of Works and Housing for grant of advances for house building purposes.

Note: Strike-out which is not relevant.

(Signature) Name and Stamp of Drawing and Disbursing Officer

Part III

(To be filled by the Administrative Office)

Comments/recommendations/orders on the application for withdrawal from Provident Fund

-B/16-

(Signature)

Form 4 A

Pro forma for sanctioning withdrawals from Provident Funds

No.

Ministry of

To

Accounts Officer

•••••

Sir,

2. It is certified that the conditions for withdrawal as specified in General Provident Fund (Civil Services) Rules, 1960 have been met.

3.	Balance at credit of the subscriber on the date of application is given be	elow:-
(i)	Closing balance as per statement for the year	₹
(ii)	Credit from to on	
	account of monthly subscription	₹
(iii)	Refunds	₹
(iv)	Amount of Advance drawn between and	₹
(v)	Withdrawals taken between and	₹
(vi)	Net balance at credit	₹
4.	This issues with the concurrence of	vide Dy.
No	, dated	

Yours faithfully,

Sanctioning authority

Copy forwarded to:

1. Drawing and Disbursing Officer.

2. Shri/Smt./Km His/her attention is drawn to the provisions of the Rule 16 of GPF (CS) /CPS (India) Rules and requested that a certificate to the effect that the withdrawal sanctioned above has been utilized for the purpose for which it has been sanctioned may, therefore, please be furnished within three months of the disbursement of the money.

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3. Sanction File.

4. Pay and Account Office

Form 5

	Pro Forma of Application for conversion of an ac	lvance into a	final withdraw	al
1.	Name of the subscriber			
2.	Designation and office to which attached	••••		
3.	Pay in Pay Band with Grade Pay		•••	
4.	General Provident Fund (GPF)/Contributory Provident Fund (CPF) Account Number			
5.	Balance at credit on the date of application (amount actually subscribed by him along with interest due thereon in the case of GPF subscriber)			
6.	 (a) Purpose for which advance taken (b) Date of payment of the advance (c) Amount of advance sanctioned (d) Amount of advance recovered (e) Amount of advance outstanding (f) Interest due on the amount of advance taken (c) Amount of advance to be accurated into a with draw 	····		
7.	 (g) Amount of advance to be converted into a withdraw Particulars of communication under which advance was sanctioned (Copy of sanction to be enclosed) 	···		
8.	Whether any advance or final withdrawal has been drawn previously for the purpose mentioned above. If so, particulars thereof			
9.	(a) Total service, including broken periods, if any, on a(b) The date of superannuation	late of this app	olication	
Plac Date		Signature of t	he Applicant	
Datt	Part II			
The	above particulars have been verified to be correct.			
		(0)		CD

(Signature and designation of DDO)

Part III

(To be filled by the Administrative Office)

Comments/recommendations/orders on the application for withdrawal from Provident Fund

(Signature)

12

Pay and Accounts Officer

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ORDER

No.

Dated.....

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Signat	ure		• •	•		•		•	•	•	 •	•	•	•	•	•	•		•	•	•	•	
Design	natio	on											•			 					•		
Dated					 	•	•	•		•	•	•		• •									

No.

Copy forwarded to:

- (i) PAO
- (ii) Individual

(iii) Service Book

(iv)

Signature Designation