

ANNEXURE-I

APPLICATION FOR FINAL SETTLEMENT OF CONTRIBUTORY PENSION SCHEME ACCOUNT

Per.(FB) TANGEDCO Proceedings No.3

(Audit Branch) Dated 16.09.2016

(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 :

4. Date of Birth :

5. Religion :

6. Date of Entry into Service :

7. Office in which attached :

:

8. Name of CE/SE's Office :

9. Residential Address after Retirement :
with contact no

Photo to
be affixed

10. EVENT NECESSIATING CLOSURE OF ACCOUNT

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

(OR)

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

(OR)

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

(OR)

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

- (i) Have you preferred an appeal? :
- (ii) If yes, date of its disposal / withdrawal :
- (iii) If no, date of expiry of appeal time :
- (iv) 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) Date of Death :

- (i) Has the subscriber filed any nomination (If yes, enclose nomination in original) :
- (ii) If No or if the nomination has been rendered null and void who are the surviving family members on the date of death of the subscriber (Enclose a Legal heirship Certificate):

Sl. No.	Name	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 receiving payment. Please 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:

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

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. (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 : **Signature of the Claimant.**

Date : (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 : Signature of Head of Office /
Head of Department

Date : (with Name in BLOCK LETTERS)

ANNEXURE-II

SANCTION OF FINAL SETTLEMENT OF CPS ACCOUNT

[Under Rupees _____]

Ref. No.

Date :

To

Sir / Madam,

Sub: Contributory Pension Scheme - CPS Account of
Thiru/Tmt. _____
(Designation) _____
CPS A/c No. _____ - Final
payment authorised.

Ref: Letter No. _____,
dated _____.

xxxxxxx

With reference to the letter cited, I hereby authorise you to draw a sum
of Rs. _____/- (Rupees _____
_____)

2. The amount represents the available balance in the CPS Account of
Thiru/Tmt. _____ (Designation) _____
Account No. _____ With employee's matching contribution and
interest 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 Claimant	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 AUDIT BRANCH HEAD QUARTERS.

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

SI.No	HEAD OF ACCOUNTS	Amount
(1)	(2)	(3)
	Employee's Contribution	
	Subscription	
1.	Defined Contribution : Pension Scheme for Government Servants – _____ Contributory Pension Scheme for _____ Employee's Contribution	Rs. _____/-
	Interest	
2.	Defined Contribution : Pension Scheme for Government Servants – _____ Interest on Contributory Pension Scheme for _____ Employee's Contribution	Rs. _____/-
	Employer's Contribution	
	Subscription	
3.	Defined Contribution : Pension Scheme for Government Servants – _____ Contributory Pension Scheme for _____ Government/Employer's Contribution	Rs. _____/-
	Interest	
4.	Defined Contribution : Pension Scheme for Government Servants – _____ Interest on Contributory Pension Scheme for _____ Government/Employer's Contribution	Rs. _____/-
	TOTAL	Rs. _____/-

Place :

Date :

(Authorised Signatory)

Copy to:

1. DCIAO/.....Region/Thermal Station
2. Audit Branch Head Quarters
3. Claim File