

Form E
(See Rule – 42)

APPLICATION FOR CLOSURE OF KERALA AIDED HIGHER SECONDARY SCHOOL TEACHERS
PROVIDENT FUND ACCOUNT

1. Name and Account No :
2. Designation and Basic Pay :
3. School Address with Pin code :
4. Where he had drawn his salary for the month immediately preceding in the month in which he retires or proceeds on leave preparatory to retirement from service on superannuation. If so, furnish the date of drawal of salary. :
5. Date of his quitting service(also state whether he will be quitting/he quitted the service by Retirement or proceeding on leave preparatory to retirement or if he already quitted service otherwise. specify whether he quitted service by discharge, dismissal, resignation, or death. :
- * The form shall be carefully filled in by the subscriber and submitted to the Principal. In the case of a subscriber who is no more, the principal shall obtain from the nominee(s) in his/her/their absence from the other claimant(s) immediately after the death of the subscriber, an application for closure of the account and to forward it with necessary document to the Account Officer within a fortnight of the receipts of the application. The Principal will such assistance to the nominees or claimants as is necessary to fill in the form of application properly.
6. (a) No. and date of the bill/Treasury voucher in which the last provident under deduction was made (Also indicate the name of the Treasury where the bill/voucher was encashed) :
- (b) The amount of last fund deduction
 - (i) Subscription Rs. :
 - (ii) Refund of advance Rs. :
- (c) Gross amount of the bill/ Treasury Voucher :
- (d) Net amount of the bill/Treasury Voucher :
- (e) Date of encashment of the bill/Treasury Voucher :
7. (a) Whether any temporary advance was sanctioned to him from his Kerala Aided Higher Secondary School Teacher's Provident Fund Account during the twelve Months immediately preceding the date of Application for closure of the account/his quitting service (if so, indicate the amount of the advance the number and date of sanction and the date of drawal of the amount.

- (b) Whether any non-refundable withdrawal was sanctioned to him from PF Account during the twelve months immediately preceding the date of application for closure of account/ his quitting service. (If so indicate amount of advance number and date of sanction and the date of withdrawal of the amount. (In both cases, if any amount was sanctioned for payment of insurance premium or for purchase of any policy, that fact should also be noted.
8. Particulars of life Insurance policies finances by him from PF money which are to be released.

Policy No. and Date of purchase	Sum Assured Rs.
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- 1.
- 2.
- 3.
- 4.

9. Name of the office through which payment to be made :

10. (A) In the event of death of subscriber before making final disbursement of the PF amount, furnish also ---- :

- (a) Date of birth of the subscriber
- (b) Date of commencement of continuous service under the management
- (c) Date of Birth
- (d) Whether proof of death in the form of Death certificate issued by the Municipal Authorities or other competent authorities is available (the proof of death needs be insisted upon only incases of doubt)
- (e) Whether a valid nomination executed by the Subscriber in accordance with the Rules exist. (If so furnish the age(s) and name(s) of the nominee(S) and his/her/their relationship to the subscriber)
- (f) In the case of a subscriber who sent in his nomination while unmarried whether he has acquired a family after the submission of the first nomination and whether he has submitted a fresh one thereafter.

(B) If there is no valid nomination furnish a list of Member(s) of the subscriber's family as defined In rule of the Kerala Aided higher Secondary School, College Teacher's Provident Fund Rules surviving on the date of death of the subscriber to whom the PF money is payable together with his/her/their name(s) age(s) and respective relationship to the subscriber. (In the case of daughter(s) indicate

whether she/they is are married or unmarried.
If married, furnish whether her/their husband(s)
is/are alive.

- (C) In case where there is no valid nomination and where no Member of the family of the subscriber as defined in rule 44 of the Kerala Aided Higher Secondary School Teachers Provident Fund rule survives. Furnish the name(s) of the person(s) to whom the PF money is payable to be supported by letters of probate or succession certificate. Etc)
- (D) If the subscriber had contained in service up to the date of his retirement on superannuation furnish.
- (i) Date of his retirement from service on superannuation.
 - (ii) Amount at his credit in the fund at the time of his retirement.
 - (iii) Amount finally withdrawn after retirement, if any.

DECLARATION

I do hereby declare that the particulars mentioned above are true. I further declare that I do not/do accept the balance standing to my credit in the Kerala Aided Higher Secondary School Teacher's Provident Fund Account No. communicated to me by the Account Officer in his annual Account statement for the financial year ended on the (**)
..... (here enter the financial year immediately preceding the date of his quitting service).

Date of signature of the Subscriber
[Nominees(s) other claimant(s)]
with full Home Address.

CERTIFICATES

(To be filled in by Principal)

1. Certified after due verification with reference to the records available in my office that Shri/Smt. Subscriber to PF Account No. has drawn on his salary for the month immediately preceding the month in which he retires or proceeds on leave preparatory to retirement from service on superannuation and that he will be retiring/proceeding on leave preparatory to retirement from service for months/has been discharged/dismissed/removed/has resigned/finally from service with effect from F.N/A.N and his resignation has been accepted.

* If the application is submitted by a nominee or other claimants, the second sentence in the declaration may be scored off.

** If the subscriber has not received the annual account statement for the financial year immediately preceding the date of his quitting service he may indicate here the year of the latest annual account statement received by him. In cases where the subscriber does not accept the balance communicated to him, he should furnish hereby in a separate letter the reasons for not accepting the balance.

(2) Certified further after the verification with reference to the records available in my office that no temporary advance/non-refundable withdrawal was sanctioned to the subscriber

from his Provident Fund Account during the 12 months immediately preceding the date of his application for closure of the account/his after due verification with reference to the records available in my office that the following temporary advance(S) non-refundable withdrawal was/were sanctioned to the subscriber from his Provident Fund Account during the twelve months immediately preceding the date of his application for the closure of PF account/his proceeding on leave preparatory to retirement/quitting service.

Sl. No.	Amount of Temporary Advance Rs.	Amount of Non-refundable withdrawal Rs.	No. and date of sanction	Date of voucher withdrawal
1				
2				
3				
4				

3. Certified also that the entries against column 1,2,3,6 and 8 furnished by the subscriber /nominees(s) have been verified by me with reference to my office records and found correct.

Station :

Date :

Signature of Principal

- * This certificate is not necessary in cases other than resignation. Certified also that he has quitted service with the prior permission of the Department to take up appointment in any Government Service.

FORM E2

[See Rule XXX 43 (i) and 44 (i)]

(Application for closure of Kerala Aided Higher Secondary school Employees Provident Fund Accounts)

A Details to be furnished by subscribers

1. (a) Name of the subscriber with account number and mobile number :
(b) Designation & Basic Pay :
2. School Address with pin code :
3. Date effect from which you resigned Aided School Service :
4. Have you resigned Aided School service to take up appointment in Government Service :
5. (a) Have you been sanctioned and paid any Non-refundable advances or temporary advances during the 12 months preceding the date of your quitting service? :
(b) If so what are the numbers and date of sanctions and amounts :
 - (i) Temporary Advance :
 - (ii) Non refundable Advance :
6. Give particulars of Life Insurance Policies finance by you from the PF money which are to be released :
7. (a) What is amount of your credit in the fund communicated by the accounts Officer (PF) through the latest annual account statement received by you :
(b) Do you accept as the balance as credit :
(c) If not give details of the discrepancies :
8. What is the address in which communications are to be sent to you :
9. If you have resigned aided school service to take up appointment in Government service or another aided School :
 - (a) Have you been admitted to GPF
 - (b) If so what is your GPF account number
 - (c) What is the address of the Government

Institution in which you were working at
the time of admission of GPF

Station

Date

Date d Signature of the Subscriber

Details of furnished by the head of office and controlling officer

1. Was the resignation tendered by the subscriber for joining Government servant or another aided school

2. What is the date with effect from which resignation was accepted

3. Details of Temporary advance and non-refundable withdrawals paid to the subscriber during the 12 months proceeding the date of regulation

Amount

Sanction No.
and date

Date of drawal

Treasury of the
encashment
of the bill

(a) Temporary Advances

(b) Non-refundable with drawals

Certified that the information furnished above has been verified by referring to the records in any office.

Signature of Officer
(name of school with postal address)

Signature of Controlling Officer
(give full address)

VERIFICATION REPORT

- 1) Total amount at the credit of the subscriber in the fund
- 2) Amount admissible under the rules (full amount) The verification report shall be furnished by the Head of Institution with reference to the latest annual account slip issued by the account officer and of the office copies of the pay bills etc. relating in the subscribed periods.
- 3) Rule (s) under which the sanction permitting the withdrawal by the subscriber is to be accounted.
- 4) Any other Loans require consideration

Ent. No.

Dated

Accounts Officer/Head of
Institution/De partment

To

The

DECLARATION

I do here by de dare that the above statement furnished by me are true and that I agree to abide by the Kerala Aided School Employees Provident Fund Rules as an amended from time to time.

Place
Date

Dated Signature of the Subscriber
with full official address

To be filled in by the Head of Institution/ De partment

I recommended for sanction the withdrawal of Rs.

..... only) by the subscriber.

CERTIFICATE

- 1) It is certified that I have verified the particulars furnished by the subscriber against column 2,3,4,5,6 and 11 with reference to the elevant records in my office and that they are found to be correct.
- 2) It is also certified that I have caused enquiries to be made above the statement certified in the application regeeding adjust of the proposed with drawal and that I am satisfied that is bonafide.

Station

Dated Signature of the Head of
Institution/ De partment

Date

ANNEXURE FORM II

FORM OF DECLARATION

Final payment of accumulation in the KAHSS (+2) EPF Account No. having
been agreed to be authorized in my favour I

.....
hereby that I clearly understand the payment is strictly provisional and is subject to
revision when any discrepancy in my KAHSS (+2) EPF account is detected at a later stage
and I further promise that the upon revision, the Provisional payment made to me has
been in excess of the amount eventually round admissible, I agree to repay excess
payment in lump failing which I agree that the amount may be recovered from me
under the provisions of the Revenue Recovery Act for the time being inforce.

Dated Signature of the Subscriber

Name and Address

Witness I

Name :

Designation and Address :

Dated Signature :

Witness II

Name :

Designation and Address :

Dated Signature :

OPTION FORM

I, (Name) have opted under Rule 30 (C) G.P.F (Kerala) Rules, 1964 to discontinue subscription to the KAHSS (+2) EP Fund so as to close and withdraw the entire amount to my credit before retirement.

Name :

Account No. :

Designation :

Address :

Dated Signature :

Place :

Date :