

UNIVERSITY OF KERALA

FORM D

(See para 9)

APPLICATION FOR CLOSURE OF THE UNIVERSITY PROVISIONAL EMPLOYEES PROVIDENT FUND SUBSCRIPTION

1. Name in full of subscriber and P. F. Subscription Number	
2. Designation	
3. Service to which he/she belongs (Office/Department/Centre)	
4. Reason for closure	
5. Date of his/her termination of contract	
6. The amount of last Fund deduction Rs.	
7. Whether any non-refundable withdrawal was sanctioned to him from his PF Account. If so, indicate the amount of advance, number and date of sanction and the date of drawal of the amount.	
8. A) In the event of death of a subscriber before making final disbursement of the P.F. Amount, furnish also;	
a) Date of birth of the subscriber	
b) Date of his/her first engagement in the post.	
c) Date of death.	
d) Whether proof of death in the form of a death certificate issued by the Municipal Authorities or other competent authorities is available. (The proof of death need be insisted upon only in case of doubt.)	
e) Whether a valid nomination executed by the subscriber in accordance with the rules exists. 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 subscriber who sent, his	

<p>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.</p>	
<p>B. If there is no valid nomination, furnish a list of member(s) of the subscriber's family surviving on the death of subscriber to whom the P.F. 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).</p>	
<p>C. In case where there is no valid nomination and where no member of the family of the subscriber survives, furnish the name(s) of the person(s) to whom the P.F. money is payable (to be supported by letters of probate of succession certificate etc.)</p>	

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 account statement for the financial year ended on the 31st March 202.....(here enter the financial year Immediately preceding the date of his/her quitting service).

Nominee(s)/ Station.....
address

Dated signature Of the Subscriber/
Other claimant(s) with full home

(To be filled in by Head of Office / Department)

CERTIFICATES

1. Certified after due verification with reference to the records available in my office that Shri /Smt.....subscriber to P. F. Account No. has drawn on..... his salary for the month immediately preceding / the month in which he relieved/removed/dismissed/resigned from service with effect from.....F.N./A.N.
2. Certified further after due verification with reference to the records available in my office that no no-refundable withdrawal was sanctioned to the subscriber from his Provident Fund Account during the 12 months immediately preceding the date of his/her application for closure of the account/quitting service. Certified also after due certification with reference to the records available in my office that the following nonrefundable withdrawal(s) were sanctioned to the subscriber from his/her Provident Fund Account during the 12 months Immediately Preceding the date of his application for the Closure of P. F. Account/quitting services.

Amount of non refundable withdrawal Rs.	No. and date of sanction	Date of withdrawal	Voucher No.
1.			
2.			
3.			
4.			

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

Station.....

Date.....

Signature of Head of Office / Department

(Dated counter signature of the Gazetted Superior Officer)