

**Form PF-9  
(For Gazetted Officers)**

**Referred to in Note-2 below Rule 13.31 and Note-2 below Rule 14.29.**

Form of Application for final payment/transfer to bodies corporate/other Government  
Of Balance in the .....P.F.A/c

To

**The Accountant General (A&E) Haryana,**

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(Through the Head of Office/Department)

Sir,

I am due to retire/have retired/have proceeded on leave preparatory to retirement for \_\_\_\_\_ months/have been discharged/dismissed/have been permanently transferred to \_\_\_\_\_/have resigned finally from Government service under \_\_\_\_\_ Government to take up appointment with \_\_\_\_\_ and my resignation has been accepted, with effect from \_\_\_\_\_ forenoon/afternoon. I joined service with \_\_\_\_\_ on \_\_\_\_\_ forenoon/afternoon.

2. My Provident Fund Account No. is \_\_\_\_\_

3. My specimen signatures in duplicate duly attested by another gazetted officer are enclosed.

**Part 1**

(To be filled in when the application for final payment is submitted up to one year prior to retirement).

4. I request that the amount of Rs. \_\_\_\_\_ standing to the credit in my Provident Fund Account as indicated in the Accounts Statement issued to me for the year \_\_\_\_\_ (enclosed)/ as appearing in my ledger account being maintained by you, may please be arranged to be paid to me through \_\_\_\_\_ Treasury/sub treasury.

5. Certified that I had taken the following advances in respect of which \_\_\_\_\_ instalment of Rs. \_\_\_\_\_ are yet to be repaid to the Fund Account. I had taken the following final withdrawals.

Final withdrawals

Temporary Advances.

1.

2.

3.

4.

5.

6. Certified that the following amounts were withdrawn by me to finance my Life Insurance Policy from my Provident Fund Account:-

1.

2.

3.

4.

- 5.
- 6.

7. Certified that after the payment of first instalment of my provident fund balance. I will apply for the payment of the subsequent instalments in Part-II of the form immediately on retirement.

Signature of the subscriber  
Name  
Office address  
Residential Address.

**CERTIFICATION BY THE HEAD OF OFFICE./DEPARTMENT**

Certified that the above information has been verified from the records maintained in this office and is correct.

Signature of Head of Office/Department

**PART-II**

8. In continuation of my application for final payment sent to you, vide No \_\_\_\_\_ dated \_\_\_\_\_. I request that the balance in my Provident Fund Account may please be paid to me.

I request that the entire amount at my credit with interest due under the rules may be paid to me through \_\_\_\_\_ Treasury/sub treasury may be transferred to my Provident Fund Account. My Provident Fund Account No. is \_\_\_\_\_

9. A sum of Rs. \_\_\_\_\_ (Rupees) was last deducted as provident Fund subscription and recovery on account of refund of advance from my pay bill for the month of \_\_\_\_\_ for Rs. \_\_\_\_\_ encashed on \_\_\_\_\_ at \_\_\_\_\_ Treasury/sub treasury.

10. I certify that I have neither drawn any temporary advance nor made any final withdrawal from my Provident Fund Account during the 12 months immediately preceding the date of my quitting service under.....

OR

Details of the temporary advances drawn by me/final withdrawals made by me from my Provident Fund Account during the 12 months preceding the date of my quitting service under.....Government/proceeding on leave preparatory to retirement or thereafter are given below:-

Amount of Advance	Date
1.	
2.	

11. I hereby certify that no amount was withdrawn/the following amounts were withdrawn by me from my Provident Fund Account during 12 months immediately preceding the date of my quitting service under.....Government/proceeding on leave preparatory to retirement or thereafter for payment of insurance premia or for the purchase of new policy.

Amount	Date
1.	
2.	

12. The particulars of the Life Insurance Policies financed by me from the Provident Fund which are to be released by you are given below:

Policy no.	Name of the Company	Sum Assured
1.		
2.		

Yours faithfully,

Station: Signature \_\_\_\_\_  
 Date: Name \_\_\_\_\_  
 Address for correspondence \_\_\_\_\_

Para 4 applies only when payment is desired at a treasury other than the one at the District Headquarters where the subscriber last served. Otherwise it may be struck out.

CERTIFICATE BY THE HEAD OF OFFICE /DEPARTMENT

Forwarded in continuation of endorsement no. \_\_\_\_\_ dated. \_\_\_\_\_

1. (a) It is certified after due verification with reference to the records in my office, that no temporary advance/final withdrawal was sanctioned to the applicant from his/her Provident Fund Account during the 12 months immediately preceding the date of his/her quitting service under \_\_\_\_\_ Government/proceeding on leave preparatory to retirement or thereafter.

OR

2. It is certified that after due verification with reference to the records in my office, that the following temporary/final withdrawals were sanctioned to and drawn by the applicant from his/her Provident Fund Account during 12months immediately preceding the date of his/her quitting service under \_\_\_\_\_ Government/proceeding on leave preparatory to retirement or thereafter.

Amount of advance/withdrawal	Date	Voucher no.
1.		
2.		

3. It is certified that no demands/following demands of Government are due for recovery.

4. Certified that he/she has not resigned from Government service with prior permission of the Government to take up an appointment in another Department of the Central Government or under State Government or under a body corporate owned or controlled by the State.

(Signature of the Head of Office/deptt.)

Certificate No. 3 to be furnished in the case of contributory Provident Fund only.

Please score out, if not necessary.