

ANNEXURE-I

APPLICATION FOR FINAL SETTLEMENT OF CONTRIBUTORY PENSION SCHEME ACCOUNT

[Vide G.O.Ms.No.59,Finance (PGC) Department, Dated 22nd February, 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 with Departmental Suffix :
4. Date of Birth :
5. Religion :
6. Date of Entry into Service :
7. Office in which attached :
8. Treasury / Sub-Treasury where bills of the Office are presented :
9. Residential Address after Retirement :
10. EVENT NECESSITATING CLOSURE OF ACCOUNT :
- (a) **Retirement on Superannuation** (attach a copy of the order) :
- (b) **Voluntary Retirement** (copy of orders to be enclosed) :
- (c) **Resignation** (attach a copy of the orders of acceptance of resignation) :
- (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)

13. Period during which subscriber was on EOL / : 3 :
Suspension or any other leave period during :
which no subscription was recovered.

14. Whether a Self Drawing Officer :
[Drawing Pay in the Scale of Pay of]

If Yes

(a) Treasury / PAO at which CPS payment is desired :

(b) Enclose the following :

(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)