

FORM E-II
(For Non Gazetted Officers)

Form of Application for Final Transfer to Bodies Corporate/other Governments of balance in the Provident Fund Account

To

The Accountant General (A&E)
Kerala, Thiruvananthapuram
Through

(the Head of Office/Department)

Sir,

I have been permanently transferred to/have resigned finally from Government service to take up appointment with and my resignation has been accepted with effect from F.N/A.N.

2. I request that the entire amount at my credit with interest due under the Rules may be transferred to my Provident Fund Account in when opened.

3. The under mentioned Life Insurance Policies financed by me from my Provident Fund account may kindly be released..

	Policy No.	Amount of advance	Date
1.			
2.			
3.			
4.			

Station :

Date :

Yours faithfully,

(Signature)

Name and Address

(For use by Heads of Officers)

Forwarded to the Accountant General for necessary action.

2. The Provident Fund Account Number of Shri/Smt. Kumari
(as verified from the statements furnished to him/her from year to year) is

3. He/she has been permanently transferred to/has resigned finally from Government service with prior permission of Government to take up appointment with ...
..... and he/she has been relieved his/her resignation has been accepted with effect from F.N/A.N.

4. The last fund deduction was made from his/her pay in the office Bill No.
..... dated for Rs. (Rupees
.....) Cash voucher No. of
..... Treasury, the amount of deduction being Rs. and recovery on Account of refund of advance Rs.

5. Certified that he/she was neither sanctioned any temporary advance nor any final withdrawal from his/her Provident Fund account during the 12 months immediately preceding the date of his/her quitting service under
Government.

OR

Certified that the following temporary advances/final withdrawals were sanctioned to him/her and drawn from his/her Provident Fund account during the 12 months immediately preceding the date of his/her quitting service under
..... Government.

Amount of advance/withdrawal	Date	Vr. No.
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1.

2.

3.

6. Certified that no amount was withdrawn/the following amounts were withdrawn from his/her Provident Fund Account during the 12 months immediately preceding the date of his/her quitting service under Government for payment of insurance premia or for the purchase of a new policy.

	Amount	Date	Vr. No.
1.			
2.			
3.			

Signature of Head of Office/Department