

(FORM(A))

(for Gazetted Officer)

**FORM OF APPLICATION FOR FINAL PAYMENT OF BALANCE IN THE
GENERAL PROVIDENT FUND/CONTRIBUTORY PROVIDENT ACCOUNT**

The Dy. COA/(P&F)
Secretary (CPF-Trust)
RRVPN Ltd.
Jaipur

THROUGH.....THE HEAD OF OFFICE/DEPARTMENT.

Sir,

1. I am due to retire/have retired/have proceeded on leave preparatory to retirement for..... months/have/discharged/been dismissed/have resigned finally from Nigam's service and my resignation has been accepted with effect from.....forenoon/afternoon (Copy of order duly attested enclosed).
2. I, therefore, request that the entire amount at my credit with interest due under the rules may be paid to me through SB A/c No.Name of Branch..... IFSC Code.....
3. A sum of Rs.....(Rupee.....was last deducted as Provident Fund (GPF/CPF) subscription and recovery on account of refund of advance from my pay bill for the month of.....Rs..... encased on.....at.....
4. My provident Fund A/c. No. GPF/CPF.....I desire to receive payment through my office.....particulars of my personal marks of identification.....
5. My specimen signature, in duplicate duly attested by another gazetted officer is enclosed.
6. 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/proceeding on leave preparatory to retirement or thereafter.

OR

Details of the temporary advance drawn by me/final withdrawals made by me from my Provident Fund account during the 12 months immediately preceding the date of my quitting service/proceeding on leave preparatory to retirement or thereafter are given below:

Amount of Advance	Date
-------------------	------

1.

2

7. I hereby certify that no amount was withdrawn/the following amounts were withdrawn by me from my Provident account during the 12 months immediately preceding the of my quitting service/ proceeding on leave preparatory to retirement of thereafter for payment of insurance premium or for purchase of a new policy:

Amount of Advance	Date
-------------------	------

1.

2

8. The particular 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 Insurance Co.	Sum Assured
------------	-----------------------	-------------

1.

2.

I certify that i have not been employed in any other establishment of factory which is covered under EPF & MP Act. 1952 for a continuous period of not less than six months immediately preceding the date on which I have made this application for withdrawal

Yours faithfully

(Signature of applicant)

Name :.....

Postal Address:.....

Mobile No.

Foot Note :- para 4 applies only when payment is desired at state other than one at the District Head Quarters where the subscribers last served otherwise it may be struck out.

CERTIFICATE BY THE HEAD OF OFFICE/DEPARTMENT

1. Necessary details relating to the subscribers are as follows :

- (a) Name of retires:.....S/o.....
- (b) Date of Birth.....Date of Joining.....
- (c) Last pay drawn.....
- (d) GPF/CPF A/c No.....
- (e) He opted/did not opted EFP Scheme and his A/c No.....
- (f) Bank A/c No.....Name of Branch.....IFSC Code

2. The last fund deduction was made from his pay in this office in bill No.....
dated.....for Rs.....(Rupees.....)
Cash voucher No.....of.....the amount of deduction being Rs.....
and record on account of refund of advance Rs.....

3. It is certified that after due verification with reference to the records in my office that no temporary advances/final withdrawal was sanctioned to the applicant from his Provident Fund Account during the 12 Months immediately preceding the date of his quitting service/preceding on leave preparatory to retirement or thereafter.

OR

It is certified that after due verification with reference to the records in my office that the following temporary advance/final withdrawal was sanctioned to and drawn by the applicant from his Provident Fund Account during the 12 months immediately preceding the date of his quitting service/preceding on leave preparatory to retirement of thereafter.

(Amount of advance/withdrawal	Date	Voucher No.
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1.

2.

4. It is certified that no demands of the Nigam are due for recovery:

Signature of Head of Office/Department

Mobile No.....

Following documents should be enclosed

1. Copy of the order of retirement, acceptance of resignation/discharged/dismitted/Relived etc. *with postal address P/M Code.*
2. Personal Marks of identification of the applicant, Left/Right; hand finger and thumb impression of the applicant duly attested by the head of office.
3. Deduction statement w.e.f. April to month of last deduction duly attested by the circle Accounts Officer as per order.
4. Copy of Bank Pass Book of claimant duly attested/Cancelled Cheque.

FORM (B)**For Non-Gazetted Officers****Form of Application for final payment of Balances in the
General Provident Fund/Contributory Provident Fund Account**

The Dy. COA(P&F)/
Secretary (CPF-Trust)
RRVFN Ltd., Jaipur

(Name of Head of Office)

Sir,

I am due to retire/have retired/have proceeded on leave preparatory to retirement for..... month I have been discharged/dismissed/have resigned finally from Nigam's service and my resignation has been accepted with effect from fore noon/afternoon (Copy of order duly attested is enclosed).

1. My date of birth is
2. I, therefore, request that arrangements may kindly be made to pay the entire amount at my credit with interest due under the rules.
3. My Provident Fund Account No. GPF/CPF I desire to receive payment through my office Particulars of my personal marks of identification, left hand thumb and finger impressions and specimen signature, in duplicate, duly attested by a Gazetted Officer of the Nigam are enclosed.
4. The under mentioned Life Insurance Policies financed by me from my Provident Fund account may kindly be released.

Policy No.	Name of the Co.	Sum assured.
1.		
2.		
3.		
4.		

5. I certify that I have not been employed in any other establishment or factory which is covered under EPF & MP Act, 1952 for a Continuous period of not less than 2 years immediately receding the date on which I have made the application for withdrawal.

Yours faithfully,

Signature

Station Name

Date Address

Mobile No

(For Use by Head of Office)

1. Forwarded to the Dy. COA (P & F)/Secretary (CPF-Trust) Rajasthan Rajya Vidyut Prasaran Nigam Ltd., Jaipur for necessary action.
2. Necessary details relating to the subscriber are as follows-
 - (a) Date of birth and date of apptt.
 - (b) Date of retirement
 - (c) Last Pay drawn
 - (d) CPF/GPF A/c No.
 - (e) He opted/did not opt EFP scheme & his EFP A/c. No.
3. He has been finally retired/will retire/has proceeded on leave preparatory to retirement for months/has been discharged/dismissed/has resigned finally from Nigam service and his resignation has been accepted with effect fromfore noon/after noon.

4. The last fund deduction was made from his pay in this office Bill No. Date
for Rs. (Rupees) Cash Voucher No.
of the amount of deduction being Rs. and recovery on
account of refund of advance Rs.

5. Certified that he was neither sanctioned any temporary advance or any final withdrawal from his Provident Fund account during to 12 months immediately preceding the date of his quitting service/proceeding on leave preparatory to retirement or there after. Certified that the following temporary advance/final withdrawals were sanctioned to him and drawn from is Provident Fund account during the 12 months immediately preceding the date of his quitting service/proceeding on leave preparatory to retirement or there after:-

	Amount of Advance/with drawal/	Date	Voucher No.
1.			
2.			

6. Certified that no amount was withdrawn/the following amount were withdrawn from his Provident Fund Account during 12 months immediately preceding the date of his quitting service/proceeding on leave preparatory to retirement or thereafter of Insurance premium or for the purchase of a new policy.

Amount	Date	Voucher No.
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(Signature of Head of Office/
Department)

*with postal address
PIN Code*

The Following Documents Should be Enclosed:-

1. Personal marks of Identification of the employee duly attested by the head of office.
2. Left/right hand finger and thumb impressions of the employee duly attested by the head of office.
3. A Copy of order of retirement/resignation/discharge etc. duly attested by the head of office.
4. Copy of Bank Pass Book of Claimant.
5. A certificate to the effect that no amount was kept in difference upto 31.3.62 (in case of E & M CPF subscriber).
6. Date of first Deduction.
7. Deduction statement duly verified by circle AO concerned from pay order.

FORM (C)

**FORM OF APPLICATION FOR FINAL PAYMENT OF BALANCES IN THE
PROVIDENT FUND ACCOUNT OF A SUBSCRIBER
(TO BE USED BY THE NOMINEES OR ANY OTHER CLAIMANTS
WHERE NO NOMINATION SUBSISTS)**

To,

The Secretary (C.P.F. Trust)
Rajasthan Rajya Vidhyut Prasaran Nigam Ltd.
Jaipur.

(Through the Head of Office)

Sir,

It is requested that arrangement may kindly be made for the payment of the accumulations in the Rajasthan Rajya Vidhyut Prasaran Nigam Ltd. C.P. Fund Standing at the credit of Shri..... Account No. The necessary particulars required in this connection are given below :-

1. Name of the Nigam's Employee with Father's Name
2. Date of Birth
3. Date of appointment
4. Post held by the employee
5. Date of death
6. Proof of death in the form of a death certificate issued by the Municipal Authorities etc.
7. Contributory Provident Fund Account No. allotted to the subscriber
8. Details of the nominees alive on the date of death of the subscriber if a nomination subsists.

**Name of the
nominee.**

**Relationship with
the subscriber.**

**Share of the
nominee**

.....

.....

.....

- 1.
- 2.
- 3.
- 4.

9. In case the nomination is in favour of a person of other than member of the family, the details of the family of the subscriber subsequently acquired.

Name

**Relationship with
the subscriber.**

**Age on the date
of death of the subscriber**

.....

.....

.....

- 1.
- 2.
- 3.

10. In case no nomination subsists, the details of the surviving members of the family on the date of death of the subscriber. In case of a daughter or a daughter of a deceased son of the subscriber, married before the death of the subscriber, it should be stated against her name whether her husband was alive on the date of the death of the subscriber.

Name	Relationship with the subscriber	Age on the date of death of the subscriber
.....
1.		
2.		
3.		
4.		

11. In case of Amount due to a minor child whose mother (widow of subscriber) is not a Hindu, the claim would be supported by indemnity Bond or Guardianship certificate as the case may be.

12. If the subscriber has left no family and no nomination subsists, the names of persons to whom the provident fund money is payable (to be supported by letters of probate or succession certificate etc.)

Name	Relationship with the subscriber	Address:-
.....
1.		
2.		
3.		

13. Relation of the claimant (s).

14. The payment is desired through the office of through the In this connection the following documents duly attested by a Gazetted Officer in Service/Magistrate are attached.

- (i) Personal marks of identification.
- (ii) Left/Right hand thumb and finger impressions (in the case of illiterate claimants).
- (iii) Specimen signature in duplicate (in the case of literate claimants).
- (iv) Photographs in duplicate.

Note :- This applies only when payment is not desired through the Head of office.

Yours faithfully.

Station

(Signature of claimant)

Dated

(Full name and Address).

Mobile No

(For use in the Head of office/Department)

Certificates by the Head of office/Department :-

1. It is certified that after due verification with reference to records in my office, no temporary advance/ Final payment/withdrawal was sanctioned to the applicant from his P.F. Account during the twelve months immediately preceding the date of the death of the subscriber.

OR

2. It is certified that after due verification with reference to the records in my office, the following temporary advance/Final payment/withdrawal were sanctioned to and drawn by the deceased subscriber from his P.F. Account during the twelve months immediately preceding the date of his death.

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

A.

B.

C.

3. His last P.F. subscription was deducted vide Vr. No./Bill No. Date

SIGNATURE OF HEAD OF
OFFICE/DEPARTMENT

(Seal)

*with postal address
PIN Code***Enclosures****Following Documents should be enclosed:-**

1. Death certificate.
2. Personal marks of identification of NOMINEE (induplicate)
3. Photograph (induplicate)
4. Left/right hand fingers and thumb impression of the claimant. Specimen signature, duly attested.
5. Guardianship/Succession certificate (where ever necessary).
6. Balance as on 31.3.62 in case of E & MCPF Subscriber as per record.
7. Copy of Bank pass book of claimant if A/c is others then SBBJ also enclosed proof of IFSC Code.
8. Affidavit for family list in prescribed proforma on non Indexed stamp worth value 10/- (If no nomination made).

FORM 'D'

(See Rule-5(i))

APPLICATION FOR GRATUITY BY EMPLOYEE IN DUPLICATE

To, The Secy. (CPF-Trust) PRVPN, Jaipur

I beg to apply for payment of gratuity to which I am entitled under ruled 5(i) of the RSEB payment of Gratuity Rules, 1972 account of my superannuation / retirement / resignation after completion of not less than five years of continuous service / total disablement due to accident / disease with effect from.....Necessary particulars relating to my establishment are given in the statement below :

Statement

Name in full.....
Father's Name.....
Address in full of application
Office where last employed.....
Post held, C.P.F. A/c No.....
Date of Birth
Date of Joining.....
Date and cause of termination of Service.....
Total period of service.....
Amount of wages last drawn.....
Amount of Gratuity claimed.....
I was rendered totally disabled as a result of (here give the details of the nature of disease or accident.).....

The evidence / witnesses in support of my total disablement are as follows :

(here give details)

Payment may please be made in Cash/Demand Draft or crossed bank cheque.

As the amount of gratuity payable is less than Rupees one thousand, I shall request you to arrange for payment of the amount due to me by postal Money order at the address mentioned above after deduction postal money order commission.

Place.....

Date.....

Yours faithfully
Signature/Thumb Impression of
the applicant employee.

Motile No

CERTIFIED BY THE HEAD OF OFFICE/CONTROLLING OFFICER.

I certify that the above particulars of the above named employee have been checked with the record maintained by this office and are verified as correct.

Signature and Seal of
Controlling Officer/Head of Office
with Postal address

- 1. Strike out the Words PARAGRAPH (s) not applicable.
2. Enclose certificate of dues if any against loans & advances taken from the employer supported by a consent of the employee for recovery from the gratuity, else no recovery is permissible under rules.
PIN Code
P.T.O.

Details of Required enclosers :-

- (1) Relieving order
 - (2) Original Final L.P.C.
 - (3) D.E./P.E. (certificate)
 - (4) If there is any loan & Advances taken from the employer.
No Dues certificate, therefor.
 - (5) Service Book
 - (6) Nomination acceptance (If available)
 - (7) Certificate of payment not drawn Previously
 - (8) RSEB pension Scheme 1988 & GPF Not opted (certificate)
-

APPLICATION FOR GRATUITY BY A NOMINEE/LEGAL HEIR(IN DUPLICATE)

To,
The Secy. (CPF-Trust)
PRVFN, Jaipur

Sir,

I beg to apply for payment of gratuity to which i am entitled under ruled 5(i) of the payment of Gratuity Rules, 1972 as a nominee/legal heir of last Shri/Smt.....who was an employee of your establishment and died on.....without making any nomination. The gratuity is payable on account of death of the aforesaid employee while in service/superannuation of the aforesaid employee on the..... after completion ofyears of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from.....Necessary particulars relating to my claim are given in the statemetn below :

Statement

1. Name of applicant Nominee/legal heir.....
2. Address in full of application
3. Marital status of applicant (unmarried/married/widow/widower).....
4. Name if full of the employee with Father's name.....
5. Relationship of the applicant with the employee.....
6. Date of joining and total period of service of the employee.....
7. Date of birth of the employee.....
8. Office where the employee worked last.....
9. Post last held by the employee & CPF A/c. No.....
10. Total wages last drawn by the employee.....
11. Date and cause of termination of Service of the employee (death or otherwise).....
(Enclose certificate of death)
12. Total gratuity payable to the employee.....
13. Percentage of the gratuity claimed.....
14. Basis of the claim and evidence/ witness in support there of.....

I declare that the particulars mentioned in the above statement are and correct to the best of my knowledge and belief.

Payment may please be made in Cash/Demand Draft or crossed bank cheque.

Place.....

Date.....

Yours faithfully
Signature/Thumb Impression of
the applicant employee.

CERTIFIED BY THE HEAD OF OFFICE/CONTROLLING OFFICER. *Module No*

Certified that the above particulars of the above named employee have been checked with the record maintained by this office and are verified as correct.

Signature and Seal of
Controlling Officer/Head of Office

Note : Strike out the Words not applicable.

*with Postal address
PIN CODE*

Details of Required enclosers :-

- (1) Application in Form E/F
 - (2) Death Certificate
 - (3) Original Final L.P.C.
 - (4) D.E./P.E. (certificate)
 - (5) No-Dues Certificate
(Mention to be given only when a consent/under taking by the employee was given for recovery from gratuity)
 - (6) Nomination acceptance (If available)
 - (7) Certificate of payment not drawn Previously
 - (8) Certificate pension Scheme 1988 & GPF Not opted.
-

RAJASTHAN RAJYA VIDHUT KARAMCHARI TRUST

(Application for the grant of Temporary Advance from CPF / General Provident Fund Account)

(TO BE FURNISHED IN DUPLICATE)

- 1 Name of Subscriber / applicant
 - (a) Designation
 - (b) Father's Name
 - (c) G.P.F. A/c No. C.P.F. A/c No.
 - (d) Mobile No.
- 2 Monthly Pay as defined in service regulations.
 - (a) Basic Pay
 - (b) Officiating Pay
 - (c) Special Pay
 - (d) Dearness AllowanceTotal
- 3 Amount of the advance applied for and number of installments it is desired to be repaid :-
 - (a) Amount
 - (b) Number of Installments
- 4 Purpose for which the advance has been applied for
- 5 Whether Special or Ordinary
- 6 Details of Advance / Previously taken :
 - (a) Date & Year of the Sanction
(No. & date of section to be given)
 - (b) Amount
 - (c) Date of Withdrawal
(Voucher No. & Date to be given)
 - (d) Reasons
 - (e) When the last instalment along with the interest was repaid.
 - (f) Balance, if any still outstanding.
 - (g) Whether Special or Ordinary
- 7 Bank A/c No.
Name of Bank Station

Singature of the applicant

(FOR USE IN THE OFFICE OF HEAD OF OFFICE / DEPARTMENT)

D.No. _____

Dt. _____

The application is forwarded to the Dy.CO.A (P&F) / Secy.(CPF-Trust) RVPN, Jaipur for grant of Temporary Advance from GPF / CPF . The advance applied for is recommend for sanction and the facts given above verified. The employee is a member of General Provident fund / CPF Scheme.

Head of Office / Controlling Officer

with seal

(Postal Address with Pin Code No.)

RAJASTHAN RAJYA VIDHUT KARAMCHARI TRUST

(Form of Application for Non - Refundable advance from the RRVK GPF / RRVK CPF)

(TO BE FURNISHED IN DUPLICATE)

- 1 Name of Subscriber / applicant
- (a) Designation
- (b) Father's Name
- (c) G.P.F. A/c No. C.P.F. A/c No.
- (d) Mobile No.
- 2 Pay : _____
- 3 Amount of the advance applied for : _____
- 4 Amount of the advance admissible : _____
- 5 Reason for which advance is required : _____
- 6 Date / Year during which such non refundable advance taken previously : _____
- 7 A Certificate from an appropriate authority recommending for the grant of non-refundable advance as per rule.
- i) For illness
- ii) _____
- iii) _____
- 8 Bank A/c No.
- Name of Bank Station

Singature of the applicant
(with designation)

(FOR USE IN THE OFFICE OF HEAD OF OFFICE / Controlling Officer)

D.No. _____

Dt. _____

The application is forwarded to the Dy.COA (P&F) / Secy.(CPF-Trust) RVPN, Jaipur for grant of Non-refundable Advance from GPF / CPF . The advance applied for is recommend for sanction and the facts given above verified. The employee is a member of General Provident fund / CPF Scheme.

Head of Office / Controlling Officer
with seal

(Postal Address with Pin Code No.)

NON REFUNDABLE ADVANCE

**RAJASTHAN RAJYA VIDYUT KARMCHARI GENERAL PROVIDENT FUND/
CONTRIBUTORY PROVIDENT FUND**

(Form of application for an advance from the Employees General Provident Fund/CPF)

To,

The _____
Rajasthan Rajya Vidyut Prasaran Nigam Ltd.
Jaipur.

I, _____ S/O _____
employed in the office of the _____
RVPNL/RVUNL/ VVNL, _____ with RRVK GPF/CPF Account No. _____
request an advance of Rs. _____ (Rs. _____) out of
my credit/subscription with interest thereon standing in the said account for _____ as
mentioned below:-

- (a) Purchase a dwelling house.
- (b) Purchase a dwelling site.
- (c) Construction of a dwelling house.
- (d) Addition to the dwelling house already constructed or purchased out of an advance taken earlier under rule _____.
- (e) Completing the construction of the dwelling house already commenced from the advance taken earlier.

(2) PARTICULARS :

- (I) Rate of basic wages/pay per month _____
- (II) Date of application on which an advance for the purpose mentioned in (a) or (c) above was granted from the fund earlier. _____
- (III) Location of the dwelling site / house intended to be purchased constructed /already purchased/already constructed. _____
- (IV) Name and address of the present Owner of the dwelling site /house Intended to be purchased (The title deed or an attested copy there of to be enclosed) _____

(V) Desired more or remittance(s) by posts money order at the member's cost to: _____

(VI) No. of installments : _____

(VII) In case of hire purchase arrangement please state:

(a) Total No. of installments _____

(b) Amount of each installment Rs. _____

(c) Total amount of installment Rs. _____

(d) Authority to whom installment is to be remitted. _____

(VIII) (a) Date of commencement of subscription _____

(b) Currency of subscription _____

(IX) (a) Valuation of the site/house construction assessed by the AEN/XEN(Civil) (certificate to be attached) _____

(b) Loan already taken from Nigam present present state of dwelling house of the state at which the construction is now to be filled in the application is for the purpose (d) or (c) of para-I. _____

(X) (a) Bank Account No. _____

(b) Name of Bank Branch _____

(3) CONDITIONS :

I undertake to comply with the following conditions:-

(1) The amount of advance shall be utilized for the purpose applied for.

(2) If the amount of advance is in excess of the actual expenditure incurred for the purpose for which the advance is granted, the excess shall be refunded to the Fund within 30 days of the finalization of the purpose of completion of the construction or completion of the addition to the dwelling house as the case may be.

(3) If the advance is for construction of a dwelling house the construction shall be commenced within six months of withdrawal of the first installment and completed within six months of the withdrawal of the final installment.

(4) If the advance is for the purpose of a dwelling site or a dwelling house, the purchase shall be completed within six months of the withdrawals.

(5) The amount of advance shall not be utilized in purchasing dwelling site or house which is not free from encumbrance or which is a share in a joint property.

(6) The amount of advance shall not be utilized for construction a dwelling house on land which is not owned solely by me.

- (7) Such title deeds, plans other documents and information related to the intended purchase, constructing or addition as may be called for by the CAO (P&F)/Secy. (CPF-Trust) from time to time shall be furnished to him or demand.
- (8) A declaration in the form prescribed by the CAO (P&F)/Secy. (CPF-Trust) shall be furnished to him immediately in finalization of the purchase or completion of the construction or/addition to the house.
- (9) If the purchase or construction for which the advance is granted does not materialize or if there is any breach of any of the conditions specified herein or in the RRVK GPF/CPF Rules, the entire amount of the advance together with interest thereon at the rate to be determined by the CAO(P&F)/Secy. (CPF-Trust) shall be refunded to the Nigam.
- (10) The dwelling house or the dwelling site purchase or the dwelling house constructed shall be assigned to the CAO(P&F)/Secy. (CPF-Trust) within three months of the purchase / of the construction as the case may be.

(4) **DECLARATION : (On Non-Judicial stamp paper worth Rs.100/-)**

1. I have not taken any advance from the fund under regulation of the RRVK GPF/CPF.
2. The dwelling site/house intended to be purchased out of the advance applied for is free from encumbrance and is not a share in a joint property.
3. Without further advance now applied for the construction already commenced can not be completed/the addition which are essential can not be made.
4. I am the sole owner of the land on which I intend to construct a dwelling house out of the advance applied for.
5. I have not taken any other advance from the fund under the RRVK GPF/CPF.
6. All requirements of the local authorities in connection with the intended construction/purchase have been satisfied.
7. The CAO(P&F)/Secy. (CPF-Trust) is hereby authorized to make withdrawals from my RRVK GPF/CPF A/c. No. _____ for purpose of payment the said amount on hire purchase installment every year direct to _____ or recovery from my salary in case condition No.3(X) is not satisfied.

Signature of the subscriber
GPF/CPF A/c. No. _____

Msb. No. _____

Dated: _____

No. _____

Forwarded to the _____, Jaipur, It is certified that the application has been signed by Sh. _____ employed in my office/establishment (Name of the subscriber) after he has read the conditions/the contents have been explained to him and that the account number and the rate monthly wages given in the application are correct. It is also certified that monetary quantitative limits for grant of loan under para _____ of GPF/CPF rules have not been exceeded.

Signature of the Controlling
Officer with Seal.

(Postal Address with Pin Code No)