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## Rajasthan State Electricity Board

The Employees Deposit- Linked Insurance Scheme, 1976

(From to be used by a nominee/ legal heir of the deceased or guardian  
of the minor nominee (s)/legal heir under paragraph 12 of this scheme )

(To be submitted in duplicate)

The Secretary (D.L.I.-Trust),

Rajasthan state Electricity Board,

Jaipur.

(Through the Head of the office under whom the deceased was last employed)

I/We, the following being the nominee /Legal Heir/ Guardian of the minor nominee(s) or minor heir of the deceased employee apply for the payment of the Assurance Benent the Employees Deposit Linked Insurance Scheme , 76.

FOR USE BY THE NOMINEES/LEGAL HEIR OTHER THEN MINOR

Name and address of the applicant	Sex	Age or year of birth	Marital status	Relationship with the deceased	Remark
1	2	3	4	5	6

FOR USE IN RESPEST OF MINOR NOMINEES/HEIR(S)

Name and address of the applicant	Sex	Age or year of birth	Name of minor nominee/heir	Sex	Age or year of birth	Relationship with the deceased	Remark
1	2	3	4	5	6	7	8

1. The particulars in respect of the deceased members are furnished below:-

- (a) Name of the deceased .....
  - (b) Fathers name .....  
(or husband name in the case of married woman)
  - (c) Date of death .....
  - (d) Last employed in .....
  - (e) Account number in Provident fund .....
2. The payment may be made through/cheque/ DD through the office where the deceased was last employed.
3. I/We declare that the above particulars are true to the best of my/our knowledge and nothing has been hidden.

Signature or left/right hand thumb impression of Sh./Smt./Kum.(the applicant )  
(Left thumb impression in the case of illiterate male applicant and right hand thumb impression in the case of illiterate female applicant).

Certify that the signature /signatures or the thumb impression was/were fixed before me.

Signature of the head of the office  
(with date and seal)

CERTIFICATE

- (1) Certify that the particulars furnished are above.
- (2) Certify that the member dead on .....while in service.
- (3) The clam of the DLI has not been preferred /previously and payment has also not been made.
- (4) Certify that the provided fund accumulation of the deceased employee late Shri. /Smt.....A/C no.....were paid to Shri/Smt./Miss .....

- (i).....
- (ii).....

Forwarded to the Secretary (CPF-Trust) RRVNL, Vidhyut Bhavan, Janpath, Jaipur-5, for necessary action:-

Date -

Signature of the Head of the office  
(Name and Designation with official seal)

FORM 'E'/F

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 of .....years 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 statemetrn 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.

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

**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.
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FORM 'D'

(See Rule-5(i))

APPLICATION FOR GRATUITY BY EMPLOYEE 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 RSEB payment of Gratuity Rules, 1972 on 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

1. Name in full.....
2. Father's Name.....
3. Address in full of application .....
4. Office where last employed.....
5. Post held, C.P.F. A/c No.....
6. Date of Birth .....
7. Date of Joining.....
8. Date and cause of termination of Service.....
9. Total period of service.....
10. Amount of wages last drawn.....
11. Amount of Gratuity claimed.....
13. 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 sum due to me by postal Money order at the address mentioned above after deduction postal money order commission therefrom.

Place.....

Date.....

Yours faithfully

Signature/Thumb Impression of  
the applicant employee.

CERTIFIED BY THE HEAD OF OFFICE/CONTROLLING OFFICER.

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 :
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.

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)
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**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 .....

**(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 from. ....fore 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)

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(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..... month /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 SBA/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 or thereafter.

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

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/dismissed/Relived etc.
- 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.

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**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 Vidyut 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 Vidyut 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 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.

FORM C

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).

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)

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. Subscription Book.
  8. Copy of Bank pass book of claimant
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