

APPLICATION FORM FOR NON-REFUNDABLE WITHDRAWAL OF
ADVANCE FROM THE C.P.F. OF OUAT

1. Name of the applicant in full :
2. Designation and Department :
3. Account No. :
4. Basic Pay :
5. Date of joining in OUAT service :
6. Whether transferee or direct Recruit :
(if transferee, the date of severance should be given)
7. Date of birth :
8. Date of superannuation :
9. Whether such advance taken :
previously and if so, when
 - (a) The amount and date of its :
withdrawal
 - (b) Purpose for which the Advance :
was granted
 - (c) Whether utilization certificate has :
been produce for the advance
sanctioned
10. Amount of advance now applied :
11. Purpose of present advance :

Dated.....

Full signature of applicant

12. Specific recommendation of the
Competent Authority.

SIGNATURE OF THE RECOMMENDING
AUTHORITY WITH SEAL

**FORM OF APPLICATION FOR FINAL WITHDRAWAL OF CONTRIBUTORY
PROVIDENT FUND ACCUMULATIONS**

1. Name of the subscribers with designation :
(*in block letter*)
2. Account Number :
3. Date of joining the fund :
4. The actual date, forenoon or afternoon of :
retirement, death, dismissal, resignation or
discharge (*cut out the items not required*)
 - i. In the case of dismissal :
 - (a) Whether the subscriber has appealed or :
intends to appear against the orders of
dismissal
 - (b) If the appeal has been rejected, the date :
of its rejection.
 - (c) If no appeal has been filled yet, the date :
on which the time limit for filling an
appeal will expire.
 - ii. In case of resignation, it should be stated :
whether the resignation has been
accepted.
 - iii. In case of discharge, the reason for the :
same should be stated.
5. Was any withdrawal made within 12 :
months preceding the date of retirement
for payment of premium on Life Insurance
Policies? If so, the amounts and Treasury
Voucher Number should be quoted.
6. Was any advance from the fund granted to :
the subscriber, and drawn by him
(*or by the head of the Office on his behalf*)
during the last 12 months? If so, full
particulars of the advance should be
quoted.
7. Amount of last fund deduction :
8. Is the subscriber on leave preparatory to :
retirement? If so, the date from which such
leave commenced.

Dated.

Subscriber

Signature of Head of Office

Designation

FORM OF APPLICATION FOR FINAL PAYMENT / TRANSFER TO CORPORATE BODIES /
OTHER GOVERNMENT OF BALANCE IN THE PROVIDENT FUND ACCOUNT

To,
The Vice-Chancellor,
Odisha University of Agriculture and
Technology, Bhubaneswar

{ Through the Controlling Officer }

Sir,

I am due retire / have retired / have proceeded on leave preparatory to
retirement from Have been discharged /
dismissed/ have been permanently transferred to
have resigned finally from University serviceuniversity and
resignation has been accepted with effect fromforenoon/ afternoon.
I / He joined in my / his / her service under the OUAT with effect from
toforenoon/ afternoon.

2. My /his/ her provident Fund Account Number is

3. I desire to receive payment through my Controlling Officer. Particulars of my personal
marks of identification, left hand thumb and finger impressions (*in case of illiterate subscriber*)
and specimen signature (*in case of literate subscriber*) in duplicate duly attested by Gazetted
Officer of the Government are enclosed.

4. After payment of the first installment of my provident fund balance, I will apply for the
payment of the subsequent installments in Part-II of the form immediate on retirement.

Yours faithfully,

{ Name of the Subscriber }

Station :

Date :

Name :

Address :

.....

.....

{ FOR USE BY CONTROLLING OFFICER }

Forwarded to the Vice-Chancellor, OUAT, Bhubaneswar for necessary action.

2. The Provident Fund Account No. of Sri / Smt (as verified from the statement furnished to him / her from year to year).
.....
3. He is due to retire / has retired / has dies from University Service on
4. Certified that, he had taken the following advances in respect of which installments of Rs./- (Rupees only are yet to be recovered and credited to the fund account. The details of the final withdrawal granted to him / her are also indicated below.

Temporary advance

Final withdrawal

- (1)
- (2)
- (3)
- (4)



SIGNATURE OF THE CONTROLLING OFFICER

PART – II

In continuation of my earlier application dated. for the final payment of GPF / CPF balance. I request that the entire balance at my credit in the provident fund account with interest due under the rules may please be paid to me.

OR

I request that, the entire amount of my credit with interest due under the rules may be paid to me / transferred to

SIGNATURE :

NAME IN FULL :

ADDRESS :

{ FOR USE BY CONTROLLING OFFICER }

Forwarded to the Vice-Chancellor, OUAT, Bhubaneswar for necessary action in continuation of endorsement No. Dated.

2. He had finally retired / will proceed on leave preparatory to retirement from months / have been discharges / dismissed has been permanently transferred to resigned finally from University service and his resignation has been accepted with effect from forenoon/afternoon. He joined in service with onforenoon/afternoon.

3. The last fund deduction was made from his pay for the month of drawn in his Office No..... for Rs./- (Rupees.) only No..... dated..... the amount of deduction being Rs...../- (Rupees.....) only and recovery on account of refund of advance Rs...../- (Rupees.....) only.

4. Certified that, he has neither sanctioned any temporary advance nor any final withdrawal from his CPF / GPF accounts during the twelve months immediately proceeding the date of his quitting service under / proceeding on the leave preparatory to retirement of thereafter.

OR

Certified that, the following temporary advances/ final withdrawals were sanctioned to him and drawn from his provident fund account during the twelve months immediately proceeding the date of his quitting service under / proceeding on the leave preparatory to retirement or thereafter are given below.

Amount of advance / withdrawal dated..... Bill No.

(1)

(2)

(3)

Certified that, he has not resigned from University Service with prior permission of the OUAT authority to take up an appointment in another department of the same University or under Govt. of Odisha or Central Govt. or under a body corporate owned or controlled by the State.

SIGNATURE OF CONTROLLING OFFICER

INFORMATION SHEET

In respect of Shri / Smt

{To be to the application for withdrawal }

1. Date of first joining in regular manner :
under the OUAT in case of direct recruits

2. Date of severance of connection from :
Govt. service and the Office Order No. and
date of confirmation in the University in
case of Govt. employee absorbed
permanently in the University service.

3. Date of retirement / resignation / death of :
other wise and the Office Order No. and
date thereof.

4. (a) Date of Birth :

- (b) Date of completion of 60 years :

5. Copy of the death certificate :
(in case of deceased employee)

6. Whether, No dues certificate from all :
concerned submitted and nothing is
outstanding against the employee on the
date of retirement etc.

7. Office Order No. and date, if any from :
competent authority to withheld or part of
the University share of CPF/ GPF
contribution.

8. Specific recommendation of the appointing :
authority to release the GPF final
withdrawal.



Signature of the Registrar
Odisha University of Agriculture and
Technology, Bhubaneswar

FORM-OUAT-GPFR-5

{ See Rule.13 }

FORM OF APPLICATION FOR TEMPORARY WITHDRAWAL OF MONEY FROM THE ODISHA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY

GENERAL PROVIDENT FUND

1. Full name of the applicant :
Full address :
2. Designation :
3. Account No. :
Mode of payment: (*Cheque /B.D*) :
4. Pay Dearness Pay :
5. Amount standing at the credit of the applicant up to the date of application :
(*The above can be arrived at the following manner*)
 - (i) Amount at credit as per last annual account furnished by the Administrator :
 - (ii) Add recoveries of subscription on account of previous advance, if any, from 1st April to date (.....) :
 - (iii) Deducted advance drawn, if any, subsequent to 31st March

Total :

Balance :
6. Whether any advance was taken previously and if any. :
 - (a) The amount and date of its withdrawal :
 - (b) The purpose for which the advance was given :
 - (c) The date on which such advance was finally repaid. :
 - (d) In case consolidation of more than one advance was sanctioned, the date of such sanction and the date on which the consolidated advance has been repaid. :
 - (e) Balance outstanding, if any, out of the advance or consolidated advance has been repaid. :
 - (f) The rate/ rates of recovery of outstanding advance/ advances.

7. Amount of advance now applied for :
(this should not ordinarily exceed three months pay)

8. Full particulars of the purpose for which the :
present advance applied for is required

9. Total amount of advance including :
outstanding advance, if any, plus the
advance applied for

10. Number of installments in which it is :
proposed to repay the present/ consolidated
advance

Date :



Signature of the applicant

*Verified from Column No. 1 to No.4 and 8
found correct / incorrect*

Section Officer / Accountant

FORM-OUAT-GPFR-6
FORM OF APPLICATION FOR NON-REFUNDABLE OF MONEY FROM THE
ODISHA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY

GENERAL PROVIDENT FUND

1. Name of the applicant (in Full) :
2. Accounts No. :
3. Designation :
4. Pay :
5. Date of joining service and the date of superannuation :
6. Balance at the credit of the subscriber on the date of application as below :
 - (i) Closing balance as per statement for the year :
 - (ii) Credit on account of monthly subscriptions :
 - (iii) Refunds made to the fund after the closing balance {Vide (i) above} :
 - (iv) Withdrawal during the period from :
 - (v) Net balance at credit on the date of application :
7. Amounts of withdrawal required :
8. (a) Purpose for which the withdrawal is required :
(b) Rule under which the request is cover :
9. Whether any withdrawal was taken for the same purpose earlier, if so, indicate the amount and the year :


Date :

Signature of the applicant

FORM-OUAT-GPFR- 1

Application for admission to the Odisha University of Agriculture and Technology General Provident Fund

(to be submitted in duplicate)

Name of the application <i>(in block letters)</i>	Official designation	Office to which attached	Whether the post is permanent or temporary or whether the applicant is on probation to a permanent post, if temporary give the date of commencement of service	Scale of pay and pay drawn on the date of application	Whether the applicant has a family or not	Rate of subscription per mensum	Account No. to be allotted by the Administrator	Remarks
1	2	3	4	5	6	7	8	9
								

1. Certified that, have got no lien on pay post whatsoever in any Government Department.
2. I, hereby declare that, I have read the OUAT Provident Fund (Establishment and Administration Rules-1990) and that, I do hereby agree to be bound by the said rules.
3. A form of nomination in the prescribed forms duly filled in is enclosed.

Signature of the applicant

Signature of the Administrator

No./GPF, dated the

Returned with Account No. allotted. This number should be quoted in all correspondence connected therein.

Administrator

FORM-OUAT-GPFR-2(A)
 { See Rule-5(3) }
FORMS OF NOMINATION


Subscriber Account No.

Accepted

Head of Office

I. When the subscriber has a family and wishes to nominate one member thereof :

I, hereby nominate the person mentioned below, who is a member of my family as defined in Rule-2 of Odisha University of Agriculture and Technology General Provident Fund (Estt. & Administration) Rule-1990 to receive the amount that may stand at my credit in the Fund, in the event of my death before, that amount has become payable, or having become payable has not been paid.

Name and address of the nominee	Relationship with the subscriber	Age	Contingencies on the happening of which the nomination shall become invalid	Name, age, address and relationship of the person, if any, to whom the right of nominee shall pass in the event of his/her predeceasing subscriber. In case the nominee is a minor, the name and full address of the guardian may also be noted in the column.
1	2	3	4	5
				

Dated this day of 202... at

Two witness to signature :

(1)

(2)

Signature of subscriber

Note: (1). If nominee is a minor the full name and the private home address of the guardian should be given. The subscriber cannot mention his own name as the guardian.

FORM-OUAT-GPFR-2(B)
 { See Rule-5(3) }
FORMS OF NOMINATION

Subscriber Account No.

Accepted

Head of Office

II. When the subscriber has a family and wishes to nominate more than one member thereof :

I, hereby nominate the person mentioned below, who are members of my family as defined in Rule-2 of Odisha University of Agriculture and Technology General Provident Fund (Estt. & Administration) Rule-1990 to receive the amount that may stand at my credit in the Fund, in the event of my death before, that amount has become payable, or having become payable has not been paid, and direct that the said amount shall be distributed among the said persons in the manner shown below against their names :

Name and address of the nominee	Relationship with the subscriber	Age	Amount of share of accumulation to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name, age, address and relationship of the person, if any, to the right of nominee shall pass in the event of his/her predeceasing the subscriber.
1	2	3	4	5	6

Dated this day of 202... at

Two witness to signature :

(1)

(2)

Signature of subscriber

- Note:** (1) This column should be filled in so as to cover the whole amount that may stand at the credit of the subscriber in the fund at any time.
 (2) If the nominee is minor, the full name and private home address of the guardian should also be given. The subscriber cannot mention his own name as the guardian.
 (3) The subscriber should draw diagonal lines across the blank space below his last entry to prevent unauthorized insertion of any nominee after he has signed.

FORM-OUAT-GPFR-2 (D)
 { See Rule-5(3) }
FORMS OF NOMINATION


Subscriber Account No.

Accepted

Head of Office

IV. When the subscriber has no family and wishes to nominate more than one person :

I, having no family as defined in Rule-2 of Odisha University of Agriculture and Technology General Provident Fund (Estt. & Administration) Rule-1990 hereby nominate the persons below to receive the amount that may stand at my credit in the fund, in the event of my death before the amount has become payable or having become payable has not been paid, and direct that the said amount shall be distributed among the said persons in the manner shown below against their names :

Name and address of the nominee	Relationship with the subscriber	Age	Amount of share of accumulation to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name, age, address and relationship of the person, if any, to whom the right of the nominee shall pass in the event of his/her predeceasing the subscriber.
1	2	3	4	5	6
					

Dated this day of 202... at

Two witness to signature :

(1)

(2)

Signature of subscriber

- Note:**
- (1) This column should be filled in so as to cover the whole amount that may stand at the credit of the subscriber in the fund at any time.
 - (2) Where a subscriber who has no family makes a nomination shall become invalid in the event of his subsequently acquiring a family.
 - (3) If the nominee is minor, the full name and private home address of the guardian should also be given. The subscriber cannot mention his own name as the guardian.
 - (4) The subscriber should draw diagonal lines across the blank space below his last entry to prevent unauthorized insertion of any nominee after he has signed.

**In the Court of Executive Magistrate, Bhubaneswar /
Any other place**

AFFIDAVIT

I, aged about
years, S/o: Resident of At:
Po:, Ps: Dist :
State:, Pin..... do hereby solemnly affirm and state
as follows :

1. That, I am the deponent of this affidavit.
2. That, I was serving as
(Employee code :) in the department of
..... under OUAT and retired
on
3. That, I do hereby undertake that, if any over payment made to me is
detected in future in respect of my Contributory Provident Fund / General
Provident Fund Account, I will return the same as and when informed by
the authority concerned. Besides, if I will be unable to return the excess
amount, then I do hereby agree that authority will recover the same from
my Gratuity, Temporary Increase (T.I.) and / or Pension.
4. That, this affidavit is required to be produced before the concerned
authority for necessary action.
5. That, the facts stated above are true to the best of my knowledge and
belief.

Identified by

Advocate, Bhubaneswar

Deponent

The above named deponent being identified by
Advocate..... (Name of the place) appears before me
and states on oath that the contents of this affidavit are true to the best of his knowledge.

Deponent

**Executive Magistrate, Bhubaneswar /
Any other place**

CHECK LIST

*The following documents are to be attached to the CPF/ GPF **final withdrawal** application before submission.*

1. All No Dues Certificates.
2. Photo copy of front page of State Bank of India Pass Book showing Account Number operated with S.B.I. OUAT Campus Branch.
3. Permanent / Present postal address for official correspondence.
4. Active Contact (Mobile) number for communication.
5. Affidavit before Executive Magistrate in prescribed format as uploaded in OUAT website. (Office Order No.GPF-III-30/2019-3581/UAT, dated.06.03.2023 of the Comptroller, OUAT, Bhubaneswar)

