FORM J

[See Rule 28(5), 39(1), (2) & (3)]

Application for Closure of General Provident Fund (Kerala) Account

1. **Name (in full) and office address of the subscriber, account number and reference number (as indicated in the last Annual Accounts Statement received from the Accountant General, with Section & Branch)** :

2. (a) **Designation (Specify whether Gazetted or Non Gazetted)** :

   (b) **Date of Birth** :

   (c) **Date of joining service** :

   (d) **Home Address with contact number** :

   (e) **If the subscriber is an employee of the Educational Department**

      (i) **Whether the applicant is a surrendered school teacher** :

      (ii) **Whether the applicant had opted to subscribe to the Fund after his/her 55th year** :

3. (a) **Office which he/she is working/worked last** :

   (b) **District in which the applicant works/worked last** :

4. (a) **Date of proceeding on leave preparatory to retirement** :

   (b) **Date of quitting service by retirement/superannuation** :

   (c) **Statement of option as required in (If he/she has already quitted service otherwise specify whether he/she quitted service by discharge, dismissal, resignation or death etc.)** :

5. **In case of 4(b) whether he/she has drawn his/her salary for the month immediately proceeding the month of retirement, if so, furnish the date of drawal of the salary** :

6. (a) **Whether the Statement of deposits and withdrawals after the period, which has been included in the latest Credit Card till the month in which the Provident Fund subscription is discontinued, is furnished** :

   (b) **Periods, if any, during which no subscriptions and refund of advance have been recovered due to Leave without allowance etc.** :

7. (a) Number and date of the bill / treasury voucher in which the last Provident Fund deduction was made (Also indicate the name of Treasury where the bill / voucher was encashed) :

(b) The amount of last Fund deduction

(i) subscription Rs. :

(ii) refund of advance Rs. :

(c) Gross amount of the bill / treasury vouchers :

(d) Net amount of the bill / treasury vouchers :

(e) Date of encashment of the bill / treasury voucher :

8. (a) Whether any temporary advance was sanctioned to him/her from his/her GPF (Kerala) Account during the twelve months immediately preceding the date of application for closure of the account on his/her quitting service. (if so, indicate the amount of the advance, the number and the date of sanction and the date of drawal of the amount) : :

(b) Whether any non-refundable withdrawal was sanctioned to him/her from his/her PF Account during the twelve months immediately preceding the date of application for closure of account on his/her quitting service (if so, indicate the amount of advance, number and date of sanction and the date of drawal of sanction and the date of drawal of the amount). In both cases, if any, amount was sanctioned for payment of Insurance Premium or for purchase of any policy, that fact should also be noted :

9. Whether personal marks of identification, left hand thumb and finger impressions and specimen signature in duplicate, duly attested by a Gazetted Officer of the State Government have been furnished. (In respect of a Gazetted Officer, specimen signature in duplicate, duly attested by another Gazetted Officer alone need be furnished.) :

10. Name of the treasury/office through which payment is to be made :

11. A. In the event of death of a subscriber before making final disbursement of the PF amount, furnish also:

(a) Date of birth of the subscriber :

(b) Date of his / her first appointment in the Government service :

(c) Date of death :

(d) **Whether proof of death in the form of a death certificate issued by the Municipal authorities or other competent authorities is available. (The proof of death need be insisted upon only in cases of doubt)** :

(e) **Whether a valid nomination executed by the subscriber in accordance with the rules exists. [If so, attach the nomination in original]** :

(f) **In the case of subscriber who filed his/her nomination while unmarried, whether he/she has acquired a family after the submission of the first nomination and whether he/she has submitted a fresh one thereafter.** :

B. **If there is no valid nomination, furnish a list of member(s) of the subscribers family as defined in Rule 2(c) of the GPF(Kerala) Rules surviving on the date of death of the subscriber to whom the PF money is payable together with his/her/their name(s), age(s) and respective relationship to the subscriber, with Departmental Enquiry Certificate (DEC). [In the case of daughter(s), indicate whether she/they is/are married or unmarried. If married, furnish whether her/their husband(s) is/are alive.]** :

C. **In case where there is no valid nomination and where no member of the family of the subscriber as defined in rule 2 (c) of the GPF (Kerala) Rules survives, furnish the name(s) of the person(s) to whom the PF money is payable (to be supported by letters of probate or succession certificate, etc.)** :

12. **Whether a fresh nomination has been enclosed with the closure application (The subscriber is required to file a fresh nomination and enclose the same with the closure application)** :

DECLARATION

I, ... do hereby declare that the particulars mentioned above are true. I further declare that I do not/do accept the balance standing to my credit in the G.P.F. (Kerala) Account No. ... ... communicated to me by the Account Officer in his annual account statement for the financial year ended on the March on the 31st March 2025 (here enter the financial year immediately preceding the date of his quitting service)

Station:

Date: **Dated Signature of the subscriber/ Nominee(s) / other claimant(s) with full home address.**

(To be filled in by Head of Office / Department)

CERTIFICATES

(1) Certified after due verification with reference to the records available in my office that Shri/Smt. ... ... subscriber to PF account No. ... ... has proceeded on leave preparatory to retirement with effect from ... ... F.N/A.N. will be retiring/has already retired/has been discharged/dismissed/removed/has resigned finally from Government service with effect from ... ... F.N./A.N. and his/her resignation has been accepted. He/she has drawn on ... ... his/her salary for the month immediately preceding the month of retirement.

@ Certified also that he/she has not resigned from Government Service with the prior permission of the Government to take up appointment in another department of the State Government or under the Central Government or under any other State Government or under a body corporate owned or controlled by Government or an autonomous organisation, registered under the Societies Registration Act, 1860.

(2) Certified further after due verification with reference to the records available in my office that no temporary advance/ non-refundable withdrawal was sanctioned to the subscriber from his Provident Fund account during the 12 months immediately preceding the date of his application for closure of the account/quitting service. Certified also after due verification with reference to the records available in my office that the following temporary advance(s)/ non-refundable withdrawal(s) was/were sanctioned to the subscriber from his/her Provident Fund account during the twelve months immediately preceding the date of his/her application for the closure of PF account/ quitting service.

Amount of temporary advance	Amount of nonrefundable withdrawal	No. and date of sanction	Date of withdrawal	Voucher No.
1				
2				
3				
4				
5				

(3) Certified that the last Fund deduction was made from his /her pay for the month of ... ... drawn in this office bill No ... ... dated ... ... for ... ... (Rupees ... .) Voucher No ... . of ... ... Treasury, the amount of deduction being ... ... and recovery on account of refund of advance being ... ...

(4) Certified also that the entry against items 1,2,3 and 7 furnished by the claimant(s) have been verified by me with reference to my office records and found correct

(5) Certified also that the entry against column 11 B furnished by the claimant(s) has been verified by me and found correct to the best of my knowledge.

(6) Certified that the application for pension is being processed in this office/details of Pension payment order noted below are correct.

Station: **Signature of Head of Office/ Department**

Date: **(Dated, Counter-signature of the Gazetted Superior Officer)**

*** The form shall be carefully filled in by the subscriber as soon as his/her salary for the month immediately preceding the month in which he/ she retires or proceeds on leave preparatory to retirement on superannuation is received by him/her and submitted to the Head of the Office or Department according as the subscriber is Non-Gazetted or Gazetted.**

In the case of a subscriber who is no more, the Head of the Office or Department shall according as the subscriber is non-Gazetted or Gazetted obtain from the nominee(s) or in his/her/their absence from the other claimant(s) immediately after the death of the subscriber, an application for closure of the account and to forward it with necessary documents to the Accountant General within the fortnight of the receipt of the application. The Departmental Officers will give such assistance to the n ominees or claimants as is necessary to fill in the form of application properly.

**** It applies only when payment is desired at a treasury other than the one at the District Headquarters where the subscriber served last**

***** In respect of non-Gazetted Officers, the payment will not be made through the trea sury, but only through the Head of the Office in which he/she served last**

 # If the application is submitted by a nominee or other claimants, the second sentence in the declaration may be scored off.

$ If the subscriber has not received the annual account statement for the financial year immediately preceding the date of his/her quitting service, he/ she may indicate here the year of the latest annual account statement received by him/ her. In case where the subscriber does not accept the balance communicated to him/ her, he/ she s hould furnish briefly in a separate letter the reasons for not accepting the balance.

@ This certificate is not necessary in cases other than resignation.

**** If the Head of Office forwarding the application is non-Gazetted, the application should be routed through his/her immediate Gazetted superior who shall countersign the application.**

Note: - 1. In case the subscriber is a Gazetted Officer, the certificates relating to the date of retirement, details of advances sanctioned and alone certificate regarding the correctness of the entries in items 1, 2 and 3 (i.e. certificates Nos. 1, 2 and 4) also need be furnished by the Head of Department or any other authority competent to sanction temporary advances and non-refundable advances from the PF of the subscriber.

Note: - 2. Item 7 need be filled up in the case of Gazetted Officers.

Note: - 3. Certificate 3 need be filled up in the case of non-Gazetted Officers/ Nominees/ Claimants.

Note: - 4. A subscriber who wishes to avail of the facility of discontinuance of subscription under Rule 7(d) and for the withdrawal of the available balance before retirement under Rule 28(6) shall furnish the option statement against item 4(c).

Kerala Government General Provident Fund

Declaration Under Rule 117 - A

I, ... hereby declare that the amount of final pension / DCRG / Family Pension as sanctioned by the Accountant General is afterwards found to be in excess as admissible under the rules I shall refund excess/agree to the recovery of such excess from my future pension when I am called upon to do so.

I also agree to the recovery from my Pension (anticipatory / final) of any liabilities that have been or may be found outstanding against me.

Station: **Signature:**

Date: **Name:**

Designation:

OPTION

[Statement as required in Rule 30(C)]

I wish to avail of facility of discontinuance of subscription under the third provision to Rule 10 for the withdrawal of the available balance in my GPF (Kerala) account No. ... ... before my retirement, under Rule (c).

Signature:

Name:

Designation:

Date:

Signature of the Controlling Authority

STATEMENT

(Referred to in G.O. (P) 187/64/Fin. (PF) dated 20-04-1964)

[Vide rule 43 of General Provident Fund Rules]

**I, ...

Annexure Form III

FORM OF DECLARATION

**Final payment of accumulation in the GPF/KASEPF Account No. ... ... having been agreed to be authorised in my favour I, ...

Descriptive Roll and Identification Particulars of

Smt. / Sri. ... ...

(To be attested)

(i) Date of Birth (in Christian era) :

(ii) Height :

(iii) Identification marks

1.

2.

(iv) Left hand thumb and finger impressions

Thumb	Fore-finger	Middle-finger	Ring-finger	Little-finger

Specimen Signature of the Applicant

Attested by

1. **Signature : ... ...**

2. **Name : ... ...**

3. **Designation : ... ...**

Witness

1.

2.

FORM E

[See rules 14, 20 & 37 (1)]

STATEMENT OF DEPOSITS AND WITHDRAWALS FOR THE PERIOD AFTER THE LAST CREDIT CARD TILL THE DATE OF APPLICATION

FOR: GPF Closure **FROM: GPF ACCOUNT**

Name of Subscriber: **G P F Account No:**

A. Deposits

Month & Year	Monthly Subscri-ption	Refund of Advance	Total Amount	Date of Encashment	Gross Amount	Net Amount	Name of Treasury
Mar-25							
Apr-25							
May-25							
Jun-25							
Jul-25							
Aug-25							
Sep-25							
Oct-25							
Nov-25							
Dec-25							
Jan-26							
Feb-26							
Mar-26							
Apr-26							
May-26							
Jun-26							
Jul-26							
Aug-26							
Sep-26							
Oct-26							
Nov-26							
Dec-26							
TOTAL							

B. Details of DA Credited to GPF since Last Credit Card

Sl. No.	No. and date of GO as per which the D.A. arrears was credited to PF	Period to which arrears related	Amount credited to GPF	Date of encash-ment of the bill	Gross amount of the bill	Net amount of the bill	Name of Treasury
1							
2							
3							
4							
TOTAL							

C. Details of withdrawals made after the Last Credit Card

Sl. No.	No. and date of sanction	Date of drawal	Amount	Name of Treasury	Nature of advance TA/NRA	Purpose
1					TA	
2					TA	
3					TA	
4					TA	
TOTAL						

If there is no withdrawal since the Last Credit Card that fact should be specifically stated in the proforma

D. Abstract

1. Total amount at credit as per last credit card for the year 2024-25

2. Total amount credited to PF account after last credit card (Total of A & B above)

3. Grand Total (items 1+2 above)

4. Total amount of advance drawn after the issunace of the last credit card (vide details furnished under C above)

5. Total amount of D.A arrears and Pay revision arrears if any not due for withdrawal as per existing Government Orders

6. Grand Total of items 4+5 above

7. Net balance at credit of the subscriber (3-6) on the date of application

Certified that the particulars furnished above have been verified with reference to pay abstract, acquittance roll, PF Pass Book and other connected records and found correct.

Signature of Drawing and Disbursing Officer /
Signature of subscriber in the case of Gazetted Officer

Place : **Name :**
Date : **Designation :**

First Schedule

FORM-G.P.F. 3

[See Rule 8(3)]

Form of Nomination

(Please read carefully the instructions printed on the reverse before filling in the form)

(For use of subscriber having family)

Provident Fund A/c No. : ----------

PROVIDENT FUND NOMINATION

I @ ---------- hereby nominate the person/persons mentioned below who is a member/are members of my family as defined in rule 2 of the *---------- Provident Fund ---------- Rules, to receive the amount that may stand to my credit in the Fund, as indicated below, in the event of my death before that amount has become payable, or having become payable has not been paid.

Name and address of Nominee/Nominees	Relationship with Subscriber	Age of the Nominee	Share payable to each nominee	Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the person/ persons, 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 ---------- 20 ---------- at ----------

Two witness to signature -

Name Address Signature

1.

2.

Signature of the Subscriber

Space for use by Head of Office/Accountant General's Office

Nomination by Shri/Smt./Ku. ----------

Designation ----------

Date of receipt of nomination ----------

Signature of Head of Office / A/c Office

Designation ----------

Date ----------