APPENDIX-D FORMS

1

To,

The Director General, National Water Development Agency, New Delhi-110017.

(Through the Head of office)

I am to retire/have retired/have proceeded on leave preparatory to retirement for......months/have been discharged/dismissed/have been permanently transferred to..../have resigned finally from NWDA service/have resigned service under.....NWDA to take up appointment with......and my resignation has been accepted with effect from.......forenoon/afternoon. I joined service with..........on...

- 2. My Provident Fund Account No is.....

PART-I

(To be filled in when the application for final payment is submitted up to one year prior to retirement)

- 4. I request that the amount of Rs.....standing to the credit in my provident Fund Account as indicated in the Accounts Statement issued to me for the year......(enclosed)/as appearing in my ledger account being maintained by you....Treasury/Sub-treasury/Head of Office, may please be arranged to be paid to me as first instalment of final payment.
- 5. The under mentioned Life Insurance Policies were being financed by me from my Provident Fund Account.

Policy number	Name of the company	Sum assured
• • • • • • • • • • • • • • • • • • • •		

-2	; -
6. After payment of the first installment	ent of my Provident Fund balance, I
will apply for the payment of subsequ	ent installments in Part-II of the
form immediately on retirement.	
	Yours faithfully,
	Signature
	Vame

Station Address

Date

This applies only when payment is not desired through the Head of Office.

(FOR USE BY HEADS OF OFFICES)

Forwarded to the Director General, NWDA for necessary action.

- 3. He/She is due to retire from NWDA service on.....

Temporary advances	Final withdrawals
1	
5. Certified that the following amounts account to finance the Life Insurance F	
Temporary advances	Final withdrawals
1	

Signature of the Head of Office

PART-II

(To be submitted by the subscriber immediately after his retirement. This part is also applicable in the case of subscribers who apply for final payment for the first time after the date of superannuation, discharge, resignation etc.)

In continuation of my earlier application dt..... for the final payment of Provident Fund balances, I request that the entire balance at my credit with interest due under the rules may be paid to me.

Or

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

Signature

Name

Address

(FOR USE BY HEADS OF OFFICES)

Forwarded to the Director General, NWDA, for necessary action.

2. He/Sh	e has	finally	retired/	will pro	ceed	on leave	prep	aratory	to
retiremen	for .	mon	ths/has	been di	schar	ged/disn	nissed	has b	een
permanen	tly trai	nsferred	to	./has res	signe	d finally	from N	IWDA/	has
resigned s									
his/her	resig	nation	has	been	a	ccepted	with	ı ef	fect
from					He	joir	red	serv	vice
with	.on	foreno	on / after	rnoon.					

3.	The last fund deduction was made from his/her pay in this office	ce
	Nodatedfor Rs(Rupees	
• • • • • • • • • • • • • • • • • • • •	of	sion
(Trea	sury) the amount of deduction being Rsand recovery	on
	ant of refund of advance Rs	

4. Certified that he/she was neither sanctioned any temporary advance or any final withdrawal from his/her Provident Fund Account during the 12 months immediately preceding the date of his/her quitting service underNWDA/proceeding on leave preparatory to retirement or thereafter.

Amount of advance/withdrawal	Date	Voucher number
•••••		

5. Certified that no amount was withdrawn/the following amounts were withdrawn from his/her Provident Fund account during the twelve months immediately preceding the date of his/her quitting service underNWDA/proceeding on leave preparatory to retirement or thereafter for payment of Insurance premia of for the purchase of a new policy.

Amount	Date	Voucher number	

*6. It is certified that no demands/following demands of NWDA are due for recovery.

**7. Certified that he/she has not resigned from NWDA with prior permission of the Agency to take up an appointment in another Department of the Central Government or under a State Government of under a body corporate owned or controlled by the State.

Signature of Head of Office/ Department

** Please score out if not necessary

^{*}Certificate No. 6 to be furnished in the case of Contributory Provident Fund only.