



भारत संचार निगम लिमिटेड
(भारत सरकार का उपक्रम)
BHARAT SANCHAR NIGAM LIMITED
(A Govt. of India Enterprise)

Office of the chief General Manager Telecom, Maharashtra Circle
6th Floor, D wing, Administrative Building, Juhu Tara Road,
Santacruz(W), MUMBAI – 400054.

To

All IFAs
BSNL, Maharashtra Circle

NO:- F/Salary/GPF/Corr/2018-19/19-20 /27 Dated at Mumbai the, 08/01/2020.

SUB :- Guidelines regarding submission of GPF final settlement of VRS opted staff.

With reference to the subject, it is to intimate you that the **O/o CCA, MH, GOA Circle**, Mumbai has issued application form for GPF final payment for VRS opted staff. A copy of the same is enclosed herewith.

You are therefore requested to collect the GPF application form (Duplicate) in the enclosed proforma and submit the following documents to CCA Maharashtra for final settlement of GPF payment of VRS opted staff.

1. Form No.10 (Appendix-D) in original duly filled, signed by the applicant and Head of the office/Department.
2. Mandate Form (copy enclosed) in Original duly signed by Applicant and Bank Authority.
3. Cancelled cheque.
4. GPF ledgers for last four years.
5. GPF Ledger Extract Calculation sheets.

Encl:- As above

[Signature]
Dy. General Manager (Claims)
O/o CGMT, Mumbai-54.

Copy to :-

1. All Heads of SSA BSNL Maharashtra Circle.

APPENDIX-D

FORM

[1]

Form of Application for Final Payment/Transfer to Corporate Bodies/Other Governments of
Balances in the
GENERAL PROVIDENT FUND ACCOUNT

To

The Sr.Accounts Officer (GPF/Cash),
O/o C.C.A., MH & Goa Circle,
Mumbai-400 054.

Sir,

I am to going to retire voluntarily as per BSNL VRS SCHEME - 2019
With effect from **31.01.2020** afternoon.

1. I joined service on _____ forenoon/ afternoon.
2. My provident Fund Account No. is _____. HRMS No. _____
3. I desire to receive payment through _____ Bank
_____ Branch. Particulars of my personal marks of identification, left hand
thumb and finger impressions (in the case of illiterate subscribers) and specimen signature (in
the case of literate subscribers) in duplicate, duly attested by a Gazetted Officer of the
Government, are enclosed.
4. Necessary mandate form duly signed by banking authority along with cancelled cheque is
enclosed for making payment through ECS etc.

PART-I

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

NOT ADMISSIBLE FOR EMPLOYEES COMES UNDER BSNL VRS SCHEME - 2019

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, dated **NIL**, 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 Shri/Shrimathi/Kumari _____. Or may be
transferred to my Bank Account No. _____
of, _____ Branch, _____.

Signature _____

Name _____

Address _____

(FOR USE BY HEADS OF OFFICES)

Forwarded to the Director (Accounts) for necessary action/in continuation of Endorsement No **NIL** Dated **NIL**.

2. He/She has finally retired **voluntarily as per BSNL VRS 2019**. He joined service with _____ On _____ forenoon/afternoon.

3. The last fund deduction was made from his/her pay in this Office Bill No **NIL** dated _____, for Rs _____ (Rupees _____), cash voucher No. **NIL** of **NIL** Treasury, the amount of deduction being Rs. **N/A** and recovery on account of refund of advance Rs. **N/A**.

4. Certified that he/she was neither sanctioned any temporary advance nor any final withdrawal from his/her Provident Fund Account during the 12 months immediately preceding the date of his/her quitting service under KVIC/proceeding on leave preparatory to retirement or thereafter.

Or

Certified that the following temporary advances/final withdrawals were sanctioned to him/her and drawn from his/her Provident Fund Account during the 12 months immediately preceding the date of his/her quitting service under KVIC/proceeding on leave preparatory to retirement or thereafter.

Amount of advance/ Withdrawal	Date	Bill number
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

5. Deleted.

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

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

.....
(Signature of Head of Office/
Department)

MANDATE FORM

BENEFICIARY/CUSTOMER'S OPTION TO RECEIVE PAYMENT THROUGH E-PAYMENT

1	Beneficiary Name	
2	Beneficiary address & Telephone No.	
3	Beneficiary Account No.	
4	Account No Type (Saving/Current for cash credit) with code 10/11/13	
5	Nine digit code number of the Bank & branch appearing on the MICR cheque issued by the bank (if available)	
6	Bank Name	
7	Branch Name & address with Telephone Number	
8	IFSC (Indian Financial Services) code	
9	BSR Code	
10	Photo copy of the cancelled cheque to confirm correctness of IFSC code and Account No. given in C & H.	

I, hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incompleteness or incorrectness of information given by me as above, I would not hold the user institution responsible.

Dated: _____

(_____)

Signature of the Beneficiary

Certified that the particulars furnished above are correct as per the record.

Bank Stamp

Dated _____

(_____)

Signature of the Authorized Officer