

FORM J1
APPLICATION FOR CLOSURE OF KERALA AIDED SCHOOL
EMPLOYEES PROVIDENT FUND ACCOUNT
See Chapter VII Rule 28 (4) note 4

This form is to be used only in case where the subscriber has resigned / quit Aided School Service to take up appointment in Govt. Service

A. DETAILS TO BE FURNISHED BY SUBSCRIBER

1. (a) Name in full of the subscriber and account number (as indicated in the latest Annual Account Statement received from the Account Officer(PF))

(b) Designation
2. Aided school in which you worked last
3. Date with effect from which you resigned Aided School Service
4. Have you resigned Aided School Service to take up appointment in Government Service?
5. (a) Have you been sanctioned and paid any non-refundable advances or Temporary Advances during the 12 months preceding the date of your quitting service.

(b) If so, what are the Numbers and dates of sanction and amounts
 - (i) Temporary Advances
 - (ii) Non-refundable Advances
6. Give particulars of Life Insurance Policies financed by you from the P.F money which are to be released.
7. (a) What is the amount at your credit in the fund as communicated by the Account Officer, (PF) through the latest Annual Account Statement received by you.

(b) Do you accept the balance as correct?

(c) If not, give details of the discrepancies

8. What is the address in which communication are to be sent
9. If you have resigned to take up appointment in Govt. Service or another Aided School.
 - (a) Have you been admitted to GPF.
 - (b) If so, what is your GPF Account No.
 - (c) What is the address of the Govt. institution in which you were working at the time of admission to GPF.

Station :

Date :

Signature of the Subscriber

B. DETAILS TO BE FURNISHED BY HEAD OF OFFICE AND CONTROLLING OFFICER.

1. Was the resignation tendered by the Subscriber for joining Govt. Service or another Aided School
2. What is the date with effect from which resignation was accepted.
3. Details of Temporary Advances and Non-refundable withdrawal paid to the Subscriber during the 12 months proceeding the date of resignation

	Amount	Sanction No. & Date	Date of drawal	Treasury of encashment of the bill
(a) Temporary Advance				
(b) Non-refundable withdrawals				

Certified that the information furnished above has been verified by referring to the records in my office

Signature of Head of Office
(Name of school with postal address)

Signature of Controlling Officer
(Give full address)

ANNEXURE III
FORM OF DECLARATION

Final payment of accumulation to the K.A.S.E.P.F Account No
having been agreed to be authorised in my favour, I
..... hereby declare that I clearly understand the payment is strictly provisional and is subject to revision when any discrepancy in my K.A.S.E.P.F account is detected at a later stage and I further promise that if upon such revision the provisional payment made to me has been in excess of the amount eventually found admissible I agree to repay excess payment in lump failing which I agree that the amount may be recovered from me under the provisions of the Revenue Recovery Act for the time being in force.

Signatur of the Subscriber

Name and Address

Witness

1.

2.

Controlling Officer / Head of Institution

FORM OF OPTION

I, do
hereby opt to cease the Kerala Aided School Employees Providend Fund Subscription for
..... due to my retirement on

Station

Signature

Date

Name & Designation