

VRS Matter
MOST IMPORTANT/URGENT



BHARAT SANCHAR NIGAM LIMITED

(A Govt. of India Enterprise)

Office of the Chief General Manager, Telecommunications,

Telangana Telecom Circle, Door Sanchar Bhavan, Hyderabad -500001.

No. TT/CA-I/ Corr.on GPF/2019-20/11 dated at Hyderabad, the 31-12-2019

To

The IFAs in all BAs in Telangana Telecom Circle,

Sub: Submission of GPF Final settlement/payment Applications in respect of VRS Optees -Reg

The Circle level meeting was held on 27-12-2019 for monitoring the progress of GPF final payment to VRS optees. The CCA office has requested to credit all the subscriptions in respect of VRS optees due from May 2019 to November 2019 so as to process and settle the cases within the stipulated period. The balance difference cases (132 Nos) received from CCA office have already been sent vide this office letter of even number dated 30-12-2019 for reconciliation in coordination with CCA office, Hyderabad in respect of the VRS optees.

Kindly find enclosed the GPF final payment application form and requested to collect these applications from the VRS optees along with the Bank undertaking and mandate form (3 pages) immediately to avoid delay in settlement of the final payment. The collected GPF final payment application forms are to be kept ready with the concerned AO(pay)/AO (HCM) after due reconciliation/verification of the details upto November 2019. These applications will be forwarded to CCA office only after specific instructions from this office.

The CGMT, Telangana Circle has instructed to all the SSAs/Units to collect the requisite GPF final payment applications from the VRS optees immediately as stated above and kept ready for sending the same to CCA Telangana office, Hyderabad after specific instructions from this office so as to avoid delay in process for settlement of the final payment to the VRS optees at CCA office, Hyderabad.

It is also to mention that the GPF advance/ withdrawal applications should not be processed henceforth in respect of VRS optees, until 31st January 2020.

This matter may please be treated as MOST URGENT .

Encl: As above.

Dy. General Manager (CA)
21/12/2019

Copy to: The DGM (F&A) % CGMT, TT Circle, Hyderabad for information and necessary action.

2. All SSA Heads in TT Circle for kind information.

APPENDIX – D
FORMS
[See GID (3) below Rule 34]

FORM I

**Form to be used by Head of Office for Final Payment/transfer of balances in the
General/Contributory Provident Fund Account to Autonomous Bodies/Other
Governments**

The General Provident Fund Account Number of Shri/Smt./Km... ..
as certified from the statements furnished to him/her from year to year, is

2. He/She is due to retire from Government Service under BSNL VR Scheme 2019 with
effect from **31.01.2020 A/N.**

3. Certified that he/she had taken the following advances in respect of which.....
installments of Rs..... each are outstanding. (Ledger card attached)

Amount of Temporary advances	Amount outstanding
1
2
3
4

4. Details of the withdrawals granted to him/her in the current financial year are also
indicated below- (As per ledger card)

Amount of Final withdrawal	Date of withdrawal
1
2
3
4

5. After adjusting the above withdrawals and advances, an amount of Rs.....
standing to the credit in his/her Provident Fund Account is appearing in the ledger account as
on 30.11.2019. **Further it is certified that his/her last GPF subscription has been
deducted from the salary of Nov 2019.**

6. The final payment be made after verifying the records.

Signature Head of Office

Forwarded to the Sr AO (CA), O/o Pr. CCA, Telangana Circle, Hyderabad for necessary
action.

- Encl: 1. Application for Final Payment along with Undertaking and ECS mandate
2. Ledger cards for last 4 years.

Application for final payment in the General Provident Fund Account.

To,
The Pay and Accounts Officer,
O/o Pr. CCA, Telangana Circle, Hyderabad-20
(Through the Head of Office)

Sir,
I am due to retire from service under BSNL VR Scheme 2019 with effect from 31.01.2020 ~~forenoon~~/afternoon.

2. My Provident Fund Account No. is

3. I desire to receive my GPF Final payment through ECS to my bank account. My bank account details are given below:

Bank Name:
Account No.:
IFSC Code:

4. I am enclosing herewith my ECS mandate form duly signed by my bank for the purpose.

5. I am also enclosing my undertaking in the prescribed format duly signed by me.

Yours faithfully,

Signature.....

Station.....

Date.....

Name.....

(in Capital letters)

Present Address	Permanent Address (please ignore if same as present address)
Name:	Name:
Address:	Address:
Mobile No:	Mobile No:

UNDERTAKING

I (Name),(Designation),
..... (HRMS No), working in (Name of Unit) will
retire from service on 31.01.2020 A/N under BSNL VR Scheme 2019.

I hereby undertake to refund the excess amount paid to me at the time of final payment of my GPF account balance within 10 days of the date of intimation received from the O/o Pr. CCA, Telangana Circle, Hyderabad.

In case of nonpayment within the stipulated time, the Pr. CCA, Telangana Circle shall be at liberty to recover the excess paid amount from any of my future payments that is due to me from Government of India.

Yours faithfully,

Signature.....

Station.....

Name.....

Date.....

Mobile No. :

//Counter signature//

Signature of the Head of the Office
(Stamp/Seal)

Address for communication:

From Sr. AO (CA), O/o Pr. CCA, TS Circle, Near City Central Library, Chikkadapally, Hyderabad - 20	To S/Sh.

 PIN
Mobile No:	

MANDATE FORM

(GPF)

1.	Beneficiary Name	
2.	Beneficiary/Address & Telephone No.	
3.	Beneficiary Account No.	
4.	Account type (Saving/Current for Cash Credit)	
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 No.	
8.	IFSC (Indian Financial Services Code)	
9.	Photo copy of the cancelled cheque to confirm correctness of IFSC code and Account No. given.	

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.

Date:

(Signature of Spouse)

(Signature of the Pensioner)

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

Bank Stamp

Date:

(Signature of the Authorized Bank officer)