

Appx F

(Refers to Para 3 (b) (ii)
of this office letter No
12032/SPARSH/ORO/MP-6
dt _____ 2022)

To

The Accounts Officer
PCDA (O)
Golibar Maidan
Pune-411001

Sir,

FORM FOR UPDATING DSOP FUND
(TO BE FWD TO PCDA (O))

1. I am to retire on _____(A/N) as per MS Branch, Integrated HQ of MoD (Army) retirement order No _____/MS-7A dated _____(Copy attached). I joined service with _____ on being commissioned on _____.
2. My DSOP Fund account No is _____/_____/_____.
3. I desire to receive payment through my office. Particulars of my personal marks of identification and specimen signature in duplicate, duly attested by Gazetted/Commissioned Officer of the Government, are enclosed.

PART-I

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

4. An amount of _____ stood to credit in my DSOP fund account as indicated in the Statement of Account (pay slip) issued to me for the month/year of _____. As appearing in my ledger account being maintained by you. I request that my DSOP Fund Account may be reviewed and brought up to date.
5. The under mentioned life insurance policies were being financed by me from DSOP fund account:-

Policy Number

Name of the Company

Sum Assured

6. I will make another application immediately after last fund deduction has been made from my salary, in Part II of the form.

Yours faithfully,

Signature :
Personal No :
Rank :
Name :
Address :
Tele :

Place:

Dated:

(FOR USE BY HEAD OF OFFICE)

1. Forwarded to account Officer PCDA(O) for necessary action.
2. The DSOP Fund account No is _____/_____/_____ of IC _____ Rank _____ Name _____ (as verified from the statements issued to him/her from year to year) is _____/_____/_____.
3. He is due to retire from Govt. Service on _____(A/N).
4. Certified that he/she had taken the following advances in respect of which _____ installments of Rs _____ are yet to be recovered and credited to the Fund Account. The details of the final withdrawals granted to him/her after the period covered by aforesaid. Accounts statements are indicated below:-

Temporary Advance

Final Withdrawals

Station: c/o _____ APO

(Signature of IO alongwith Appt)

Dated:

APPLICATION FOR FINAL SETTLEMENT OF DSOP FUND

(To be submitted by the subscriber immediately after the last fund deduction has been made from his salary. 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 _____ for the final Payment of DSOP/AFPP fund balance, I, request that entire balance at my credit with interest due under the rules 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 **my Bankers as per details given below:-**

Bankers Details

Signature_____

SBI,

Rank:
Name:
Address:

Place: c/o 56 APO

Dated:

(FOR USE BY HEAD OF OFFICE)

1. Forwarded to Accounts Officer **CDA (O), Pune A/C No** _____ for necessary action in continuation of endorsement No.
2. He/She is due to retire from service on _____ **(A/N)** has proceeded on leave preparatory to retirement for _____ - _____ month from _____ - _____ has been discharged/dissmissed permanently transferred to _____ - _____ has resigned finally from Government service/has resigned service under _____ - _____ Government to take up appointment with _____ - _____ and his/hæf resignation has been accepted with effect from _____ - _____ forenoon/afternoon.
3. The last fund deduction was made from his/her pay in this office _____ Bill
No _____ dated _____ for Rs (figures) _____ (Rupees, in words) _____
cash Voucher No _____ of _____ Treasury, the amount of deduction being Rs _____
and recovery on account of refund of advances Rs _____
4. Certified that he/she was neither sanctioned any temporary advance nor any final withdrawals from his/her DSOP/AFPP Fund Account during the 9 months immediately preceding the date of which the last fund deduction has been made from his/her salary or thereafter.

Certified that the following temporary advances/final withdrawals were sanctioned to him/her and drawn from his/her DSOP/AFPP Fund Account during the 9 months immediately preceding the date on which the last fund deduction has been made from his/her salary or thereafter.

	<u>Amount of Advance/Withdrawals</u>	<u>Date</u>	<u>Voucher No</u>
(a)	<u> NIL </u>	<u> NIL </u>	<u> NIL </u>
(b)	<u> NIL </u>	<u> NIL </u>	<u> NIL </u>
(c)	<u> NIL </u>	<u> NIL </u>	<u> NIL </u>

5. Certified that no amount was withdrawn/the following amounts were withdrawn from his/her DSOP/AFPP Fund Account during the nine months immediately preceding the date on which the last fund deduction was made from his/her salary preceding on leave preparatory to retirement or thereafter for payment of Insurance premium purchase.

	<u>Amount</u>	<u>Date</u>	<u>Voucher No</u>
(a)	<u> NIL </u>	<u> NIL </u>	<u> NIL </u>
(b)	<u> NIL </u>	<u> NIL </u>	<u> NIL </u>
(c)	<u> NIL </u>	<u> NIL </u>	<u> NIL </u>

6. Certified that he/she has not resigned from Government service with prior permission of the Central Government 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.

Station:

(Signature of IO alongwith Appt)

Dated:

CDA (O) A/C No _____

Voucher No: 00000X/XXX/Retirement dt _____ For Rs----- /-
(_____)

CONTINGENT BILL

Expenditure on account of Final Settlement of DSOP Fund in respect of _____ Rank _____ Name _____, of unit _____, Pin _____ IC-
_____ APO. C/o

Auth : IHQ of MoD (Army), MS Branch (MS-7A) letter No _____ dated _____.

Ser No	Date	Details of Expenditure	Amount
		Amount claimed on account of final withdrawal of DSOP Fund balance alongwith interest accrued till date in respect of IC-_____Rank_____ Name_____, CDA (O) A/c No XX/XXX/____L retiring on superannuation on_____ (AN) vide IHQ of MoD (Army), MS Branch (MS-7A) letter No _____ dated _____.. <u>Bankers Details</u> Joint A/C: SBI, _____, PIN- _____ A/C No _____ Bank Code No- _____	

Net Amount due (in words):

RECEIVED PAYMENT

Station : c/o 56 APO

Dated:

Personal No :
Rank :
Name :
Unit :

COUNTERSIGNED

Station: c/o 56 APO

Dated: