

**GOVERNMENT OF MIZORAM  
OFFICE OF THE CHIEF CONTROLLER OF ACCOUNTS  
ACCOUNTS & TREASURIES  
MIZORAM : AIZAWL**

**CIRCULAR**

Dated Aizawl, the \_\_\_\_\_

No.G.27015/124/2014/-CCA(GPF)/86 : In order to streamline Finance Department's Notification No.G.26035/2/2005-F.APF dated the 28<sup>th</sup> March, 2018 with regard to **Form-I (Common Nomination Form)**, the simplified nomination form enclosed in this circular should be used for making nomination under General Provident Fund. Consequence upon the adoption of **Rule 5(3) General Provident Fund (Central Services) Amendment Rules, 2014**, Nominations already made in the first schedule under **Rule 5(3)** may be considered **null and void** after using common nomination form namely **Form 1 of the Central Civil Services (Pension) Rules, 1972, w.e.f. 1<sup>st</sup> May, 2018**. All nominations should be checked thoroughly by Head of Office/authorized Gazetted Officer to ensure and to comply with the following instructions :-

- 1) When the subscriber has a family, the nomination should be made only in favour of one or more members of the family, as defined in the Provident Fund Rules. [**Rules 5(1)**]
- 2) The date of filling the nomination should be noted without fail.
- 3) '**Death**' should not be mentioned as contingency in column 8 on happening of which nomination shall become invalid.
- 4) If there is no contingency to be mentioned in column 8, '**Not Applicable**' may be written.
- 5) In all signatures, date should be written without fail.
- 6) In respect of any specified nominee in column 1, one or more person(s) may be nominated as alternate nominee in column 5 and share payable to each alternate nominee should be written in such a manner as to cover the whole of the amount payable to that nominee. [**Rules 5 (5)(a)**]
- 7) All information in '**To be filled in by Head of office/authorized Gazetted Officer**' page should be filled in by the receiving officer.
- 8) Copy of complete form should be returned to the Government servant after proper entry in the Service Book of the concerned Govt. Servant and after putting '**TRUE COPY**' seal and signature by the authorized Gazetted Officer.

- 9) The receiving officer shall put his/her signature with seal in a specified area on both pages of this form.
- 10) **Nomination of Non-Gazetted Employees need not be sent to the Chief Controller of Accounts for acceptance.**
- 11) In case of Gazetted officer, nomination after duly filled in should be sent to office of the Chief Controller of Accounts, Entitlement section for making necessary entry in their respective service card.
- 12) Claim for Final Payment of GPF shall be made as per Form – 1 or 2 (*copy enclosed*) as the case may be.

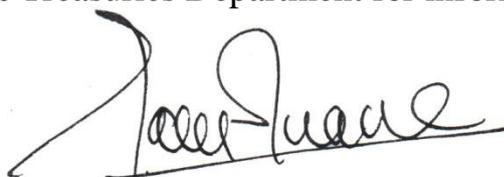
Soft Copy of Common Nomination Form, new application forms for final payment of GPF and dully filled copy of sample nominations for reference are available for download in this Office website. <https://dat.mizoram.gov.in> .

Enclo : (1) Nomination form for GPF.  
(2) New application forms for Final Payment of GPF.

*Sd/-*  
( RAMCHUANA )  
Chief Controller of Accounts  
Accounts & Treasuries

Memo No.G.27015/124/2014/-CCA(GPF)/86 : Dated Aizawl, the 09 APR 2018  
*Copy to :-*

- 1) All Administrative Departments, Government of Mizoram for information.
- 2) All Head of Departments, Government of Mizoram for circulation in their respective sub-ordinate offices.
- 3) All Officers of Accounts & Treasuries Department for information
- 4) Guard File.



**CHIEF CONTROLLER OF ACCOUNTS**

**For Gazetted Officers only.**

**Form 1**

**COMMON NOMINATION FORM FOR GRATUITY, GENERAL PROVIDENT FUND AND MIZORAM STATE GOVERNMENT EMPLOYEES' GROUP INSURANCE SCHEME, 2014**

[See ~~Rule 53 of CCS (Pension) Rules, 1972, Rule 5 of General Provident Fund (Central Services) Rules, 1960 and Mizoram State Government Employees' Group Insurance Scheme, 2014~~]

I, ....., hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:

- ~~i. any gratuity the payment of which may be authorised under rule 50 of CCS (Pension) Rules~~
- ii. amount that may stand to my credit in the General Provident Fund
- ~~iii. any amount that may be sanctioned by the State Government under the Mizoram State Government Employees Group Insurance Scheme, 2014~~

Name, date of birth (DOB) and address of the nominee	Relation-ship with employee/pensioner	Share to be paid to each	If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor	Name, DOB, relationship and address of alternate nominee in case the nominee under Column (1) predeceases the employee/pensioner	Share to be paid to each	Name, DOB and address of person who may receive the amount if alternate nominee in Col. (5) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8

This nomination supersede any nominations made by me earlier.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Government servant  
Telephone No:

**Note 1 :** The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed. The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.

Signature of Head of Office/authorized  
Gazette officer with seal }  
}

(To be filled in by the Head of Office/authorised Gazetted Officer)

Received the nominations, dated ....., under the following Rules :—

- ~~1. Central Civil Services (Pension) Rules, 1972 for Gratuity~~
- 2. General Provident Fund (Central Services) Rules, 1960
- ~~3. Mizoram State Government employees Group Insurance Scheme, 2014~~

made by  
 Shri/Smt./Kumari :.....  
 Designation :.....  
 Office :.....

(Strike out which nomination is not received)

*(Forward to Chief Controller of Accounts, Accounts & Treasuries for entry into Service Card, etc.)*

Entry of receipt of nomination(s) has been made in page .....Volume.....of Service Book.

*For use by Office of the Chief Controller Of Accounts*

Name, Signature and Designation of  
 Head of Office/authorized  
 Gazetted Officer with seal }  
 \_\_\_\_\_

Date of receipt.....



The receiving Officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.

The receiving officer shall put his/her dated signature on both pages of this Form.

## Form 1

### COMMON NOMINATION FORM FOR GRATUITY, GENERAL PROVIDENT FUND AND MIZORAM STATE GOVERNMENT EMPLOYEES' GROUP INSURANCE SCHEME, 2014

[See ~~Rule 53 of CCS (Pension) Rules, 1972, Rule 5 of General Provident Fund (Central Services) Rules, 1960 and Mizoram State Government Employees' Group Insurance Scheme, 2014~~]

I, ....., hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:

- ~~i. any gratuity the payment of which may be authorised under rule 50 of CCS (Pension) Rules~~
- ii. amount that may stand to my credit in the General Provident Fund
- ~~iii. any amount that may be sanctioned by the State Government under the Mizoram State Government Employees Group Insurance Scheme, 2014~~

Name, date of birth (DOB) and address of the nominee	Relation-ship with employee/pensioner	Share to be paid to each	If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor	Name, DOB, relationship and address of alternate nominee in case the nominee under Column (1) predeceases the employee/pensioner	Share to be paid to each	Name, DOB and address of person who may receive the amount if alternate nominee in Col. (5) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8

This nomination supersede any nominations made by me earlier.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Government servant  
Telephone No:

**Note 1 :** The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed. The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.

Signature of Head of Office/authorized  
Gazette officer with seal }  
}

(To be filled in by the Head of Office/authorised Gazetted Officer)

Received the nominations, dated ....., under the following Rules :—

- ~~1. Central Civil Services (Pension) Rules, 1972 for Gratuity~~
- 2. General Provident Fund (Central Services) Rules, 1960
- ~~3. Mizoram State Government employees Group Insurance Scheme, 2014~~

made by  
Shri/Smt./Kumari :.....  
Designation :.....  
Office :.....

(Strike out which nomination is not received)

Entry of receipt of nomination(s) has been made in page ..... Volume.....of Service Book.

Name, Signature and Designation of  
Head of Office/authorized  
Gazetted Officer with seal }  
}

Date of receipt.....

The receiving Officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.

The receiving officer shall put his/her dated signature on both pages of this Form.

**FORM 1**

**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**

To,  
 The Chief Controller of Accounts,  
 Accounts & Treasuries,  
 Mizoram: Aizawl

Subject:- Application for Final Payment of General Provident Fund.

The General Provident Fund Account Number of Pu/Pi \_\_\_\_\_ as certified from the statements furnished to him/her from year to year, is \_\_\_\_\_ The necessary particulars required in this connection are given below:

1. Post held by the Government servant : \_\_\_\_\_
2. Address of the Government Servant : \_\_\_\_\_
3. Treasury through which payment may be made : \_\_\_\_\_
4. He/She is due to retire from Government service on superannuation/voluntary with effect from \_\_\_\_\_ forenoon/afternoon.

**OR**

He/She has been discharged/dismissed/removed/given invalid pension/permanently transferred to \_\_\_\_\_ / has resigned finally from Government service with effect from \_\_\_\_\_

5. The last fund deduction was made form his / her pay for the month of \_\_\_\_\_ in this office Bill No. \_\_\_\_\_ Date \_\_\_\_\_ Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) Treasury voucher No. \_\_\_\_\_ Date \_\_\_\_\_ of \_\_\_\_\_ Treasury, the amount of (his/her individual) deduction being Rs. \_\_\_\_\_ and Recovery on account of refund of advance being Rs. \_\_\_\_\_.

6. (a) 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.

**OR**

- (b) Certified that the following temporary advance / 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.

	Amount of Advance / withdrawal	Date	Voucher No.
1.			
2.			
3			

7. Details of subscription during the 6 months immediately preceding the date of his/her quitting service.

Month And Year	Normal Subscription	Impd. D.A.	Refund Of Advance	Total	T.V. No. & Date

Certified that the above information has been verified from the records being maintained in this office and is correct to the best of my knowledge and belief. Any excess payment that may be found to have been made as a result of incorrect statement furnished will be refunded by me to the Government in one lump sum.

*Note: Attested copy of retirement order should be enclosed in the application.*

Full name & Signature  
 Of Head of Office with seal

**FORM 2**

**Form of application for final payment of balance in the Provident Fund Account on death of a Subscriber  
Part – I**

To,  
The Chief Controller of Accounts,  
Accounts & Treasuries,  
Mizoram: Aizawl  
(Through Head of Office)

Sir,  
It is requested that arrangements may kindly be made for the payment of the accumulations in the General Provident Fund Account of Pu/Pi. \_\_\_\_\_

The necessary particulars required in this connection are given below –

1. Name of the subscriber : \_\_\_\_\_
2. Post held by the subscriber : \_\_\_\_\_
3. Date of death of the subscriber : \_\_\_\_\_
4. Provident Fund Account number allotted to the subscriber : \_\_\_\_\_
5. Information in 5-A or 5-B below, as applicable :-

5-A Details of members of family and the nominees alive on the date of death of the subscriber :

Name and address of the nominee / member of family	Date of birth of the nominee / member of family	Marital status of nominee on the date of death of subscriber	Relationship of the nominee / member with the deceased subscriber	Whether he/she is a nominee
1	2	3	4	5

Or

5-B. If the subscriber has left no family and no nomination subsists, the name of persons to whom the provident fund money is payable (to be supported by letter of probate or succession certificate, etc.).

Name and address	Relationship with the subscriber	Date of birth
(i) _____	_____	_____
(ii) _____	_____	_____
(iii) _____	_____	_____

In case the recipient(s) is/are minor, details of the guardian-

Name	Date of birth	Relationship with the minor	Relationship with the deceased Government Servant	Postal Address

Note – In case of a minor child whose mother (widow of subscriber) is not a Hindu, the claimant shall submit an Indemnity Bond, or Guardianship Certificate, as the case may be.

6. Treasury through which payment may be made: \_\_\_\_\_
7. The claimants, shall enclose the following documents, duly attested:-
  - (a) Death Certificate
  - (b) A copy of letter of probate/succession certificate/legal heir certificate, etc.(where applicable).
  - (c) GPF Nomination in original
  - (d) Page of service book/card where entry of GPF nomination had been made.
  - (e) Any other document regarding eligibility of the claimant, as per rules

Yours faithfully,

Station  
Date

(Signature of claimant, including guardian)  
(Full name and address)

**PART –II**

(FOR THE USE OF HEAD OF OFFICE)

Forwarded to the Chief Controller of Accounts, Accounts & Treasuries, Mizoram, Aizawl for necessary action. The particulars furnished above have been duly verified.

2. The General Provident Fund Account No. of Pu/Pi \_\_\_\_\_ is \_\_\_\_\_
3. The last fund deduction was made form his / her pay for the month of \_\_\_\_\_ in this office Bill No. \_\_\_\_\_ Date \_\_\_\_\_ Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) Treasury voucher No. \_\_\_\_\_ Date \_\_\_\_\_ of \_\_\_\_\_ Treasury, the amount of (his/her individual) deduction being Rs. \_\_\_\_\_ and Recovery on account of refund of advance being Rs. \_\_\_\_\_.
4. (a) 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 death.

OR

- (b) Certified that the following temporary advance / 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 death.

	Amount of Advance / withdrawal	Date	Voucher No.
1.			
2.			
3			

5. Details of subscription during the 6 months immediately preceding the date of his/her quitting service.

Month And Year	Normal Subscription	Impd. D.A.	Refund Of Advance	Total	T.V. No. & Date

Certified that the above information has been verified from the records being maintained in this office and is correct to the best of my knowledge and belief. Any excess payment that may be found to have been made as a result of incorrect statement furnished will be refunded by me to the Government in one lumpsum.

Full Name & Signature  
of the Head of Office with seal