

19 Authorization to be given incase Refundable Advance is outstanding:

“I hereby authorize the concerned Personnel Claims Officer of ONGC to deduct the refundable advance outstanding with accrued interest from my dues before settlement of my CPF account”.

20 Declaration of Non-Employment (in case of Voluntary Retirement/ Resignation):

“I declare that I have not been employed in any establishment to which the Employees Provident Fund Act 1952 applies for a continuous period of not less than two months immediately preceding the date of this application”.

21 **[For nominees/Legal heirs]**

I _____ S/o or W/o _____ am the nominee or natural guardian of minor/ lunatic/ legal heir (Documentation enclosed for claimant as guardian of minor/lunatic or legal heir/ family member not being nominee as per personal records. Certified that particulars given above are true to the best of my knowledge. I also understand that the provisions of the Income Tax Act 1961 will be applicable in this case. I am also liable for any action that may be taken by the Trust without prejudice to the action that may be taken by ONGC for recovery/adjustment of any outstanding dues that arises out of any false declaration, misrepresentation of facts or other misleading information that I may give in this application.

[OR]

[For members]

Certified that particulars given in this form are true to the best of my knowledge. I also understand that the provisions of the Income Tax Act 1961 will be applicable in this case. I am also liable for any action that may be taken by the Trust without prejudice to the action that may be taken by ONGC for recovery/adjustment of any outstanding dues that arises out of any false declaration, misrepresentation of facts or other misleading information that I may give in this application.

[In case of members on resignation and not transferring the PF accumulations to the present employer]

This is to certify that I have not been employed for a continuous period of not less than 2 (two) months immediately preceding the date of this application.

(Please Strike out whichever is not applicable)

Date: _____ Signature or left/ right thumb Impression of the employee/claimant **”X”**

ATTESTATION OF CLAIM

The facts stated by claimant are correct to the best of my knowledge and belief and the signature of the employee/claimant is attested herewith.

Signature **”Y”**
Name & CPF No
Date: Official seal & Designation
(This is to be attested under official seal and date by the concerned **HR-ER Officer**)

TO BE CERTIFIED BY HEAD OF CONCERNED PERSONNEL CLAIMS SECTION (PCS)

i) Org Unit/ Project Code No: _____ ii) Bill No: _____ iii) Personal Area: _____

Details of **outstanding** Refundable CPF Advance (if any, with details of recoveries)/ 90% withdrawal as on the date of this application:

	Date of amount drawn	Amount Drawn (Rs)	Instalment per month (Rs)	No of instalments	Refunds made (Rs)	Balance Outstanding (Rs)	Accrued interest recovered	Total recoveries (Rs)	Schedule No and page wherein the said deductions are made
a) Refundable Advance									
b) 90% Withdrawals paid									

The copy of the relevant schedule and authority are sent along with this form.

Total taxable Income of the separating employee in the year of separation Rs _____

Certified that the outstanding CPF refundable advance balance including interest accrued thereon has been reconciled, recovered and remitted at the time of sending this form. Any shortfall in the advance or interest will be made good by this PCS Office.

I am also aware that in the last year prior to retirement, no advance shall be paid to the member other than 90% withdrawal. In case of any deviation in this regard, this PCS Office will make good the loss to the ONGC ECPF Trust.

Signature "Y"
 Name & CPF No
 Date: Official seal & Designation
 Tel No with STD Code:-.....

(To be certified by the **Head of concerned PCS Section** with designation and seal)

(TO BE FILLED IN BY CONCERNED HEAD OF HR-ER)

1. Certified that Shri/Smt/Kum _____ S/o, W/o _____ CPF Account No. _____ Resigned/ Superannuated/ Terminated/ Voluntarily Retired/ Retired on account of Permanent Total Incapability duly certified by the appropriate Medical Authority/ expired on _____ (FN/ AN).
2. Certified that the relevant facts stated by Employee/ Claimant have been verified from the personal records.
3. Certified that claimant is nominee as per nominations furnished by employee.
4. Certified that employee had not acquired family before his death (if nominee is other than family member i.e. wife and children)
5. Certified that employee has not furnished the nomination and the claimant is the legal heir to receive the CPF accumulation.

(Please strike off whichever is not applicable).

(Certificate at Sl Nos. 3 to 5 are to be given if the claimant is a nominee/legal heir).

Signature "Y"
 Name & CPF No
 Date: Official seal & Designation
 Tel No with STD Code:-.....

(To be certified by the **Head of concerned HR-ER Section** with designation and seal)

**To : The Executive Officer, ONGC ECPF Trust, Shed No 4, Tel Bhavan, Dehradun, Uttarakhand
 Pin code: 248003**

INSTRUCTIONS TO FILL THE FORM

- 1 Application should be submitted only in the Form No **SEP-CPF-02 (Modified)** circulated by ONGC ECPF Trust, Tel Bhavan, Dehradun. [Copies available on ongcreports.net]. With the introduction of the new form, applications in the old forms are not to be sent to the ONGC ECPF Trust, nor will it be accepted.
- 2 All entries should be made in **CAPITAL LETTERS**
- 3 All information to be correctly filled in. Incomplete application forms will be returned in original to the concerned In charge HR-ER of the project/office from where the same was forwarded and treated as pending with the concerned project.
- 4 No overwriting or use of correction fluid is allowed.
- 5 For corrections, strike off the wrong entry and write correct entry, which should be initialled.
- 6 Application Form is to be submitted in **DUPLICATE** to the concerned In charge HR-ER/Establishment of employee at the time of cessation of employment.
- 7 One copy of the Application Form is to be retained and placed in the Personal File of the individual and the **ORIGINAL** form is to be forwarded to **Executive Officer, ONGC, ECPF Trust**, Shed No 4, Tel Bhavan, Dehradun, Uttarakhand-248 003. On settlement, a copy of the settlement bill will be sent to the concerned In charge HR-ER/Establishment, who will update the records at their end.
- 8 **Part- A & C is to be filled in when the separating employee is himself applying for settlement**
(or)
Part-A, B & C to be filled in when any person other than the separating employee is applying (eg: Nominee, legal heir, guardian, etc) as provided for in the ONGC ECPF regulations.
- 9 For Part A, Sl No 6, if the Provident Fund was deducted and deposited in the respective Regional PF Commissioner/ exempted Trust, please tick “Yes”, else tick “No”.
- 10 Kindly see that the following **CHECK LIST** is complete
 1. Struck off order from the concerned establishment (HR-ER), showing inter alia the date of separation, etc.
 2. In case of resignation,
 - (i) Where the fund is to be transferred to the new employer, the prescribed **Form 13** (available on ongcreports.net) is to be filled in from the new employer and submitted along with this Form.
 - (ii) A member may be permitted to withdraw the amount standing to his credit provided he has not been employed for a continuous period of not less than 2 (two) months immediately preceding the date on which he makes an application for withdrawal in an establishment to which the Act applies.
 3. Signature/thumb impression of the claimant is affixed at space marked “X”
 4. Signatures with Name, Designation, CPF Number and official seal of certifying officers at space marked “Y”
 5. Each claimant (in case of multiple nominees/legal heirs fills in separate claim forms having the information at Part B & C separate.
 6. Struck off order, Death certificate, Legal heirship certificate and other legal documents as required may be attached with the application for death cases.
 7. Details in Part-C, [Sl No 15 & 17] are compulsorily filled. Full postal address to be given.
 8. **Photocopy of blank cancelled cheque for verification of bank details to be enclosed.**

Note: Application form approved by the ONGC ECPF Board of Trustees in January 2007.
Vide resolution NO 95 dated 30-01-2007.