

नवोदय विद्यालय समिति  
(मानव संसाधन विकास मंत्रालय की एक  
स्वायत्त संस्थान) क्षेत्रीय कार्यालय  
बोरिंग रोड, पटना - 13  
दूरभाष: 0612 - 2266085 / 2266558



NAVODAYA VIDYALAY SAMITI  
(Ministry of Human Resource Development)  
Deptt. of School Education & Literacy  
(Govt. of India)  
REGIONAL OFFICE, BORING ROAD, PATNA - 13  
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F.No.4-9.36/P&E/NVS(PTR)/2010-11/ 42772

Date-07.01.2011

To,

The Principal  
All Jawahar Navodaya Vidyalaya  
Under Patna Region  
(Bihar, Jharkhand & W. Bengal)

**Sub:- Guidelines for finalization of retirement benefit of Ex-employee.**

Sir/Madam,

On the subject captioned above, it is to inform you that timely settlement of retirement benefits is not only a social obligation on the part of the Samiti but also a right of the employee who has spent long years and served the organization. But it has been observed that in spite of several guidelines/instructions issued by this office the field units have either not thought about or failed to comply with the guidelines. In this connection, in order to ensure timely settlement of post retirement benefits, the following actions may be initiated before 6 months of an employee's retirement.

1. Up date the service book completely in all respects regularly.
2. Please see that the service verification has been done for the entire service continuously and no span of any period is left to be verified. Arrange to complete the verification of un verified position, if any.
3. Up date the leave record correctly.
4. Obtain application for gratuity in prescribed application form-D,E&F( whichever case may be) [Ref. NVS Hqr. 1-18/2001-NVS(Admn.)/604 dt. 30<sup>th</sup> May, 2008]
5. Obtain application for leave encashment
6. Obtain nomination for GIS if not already done (please check for all regular employees).
7. Obtain application for settlement of GIS in prescribed form (available in compendium-II)
8. Obtain an application for settlement of CPF in prescribed form (available in compendium-II)
9. Please check if there is any pending audit recovery against him/her. If there are any dues action may be initiated for settlement of the outstanding Para.
10. Obtain month wise subscription of CPF/GIS from all JNV where the employee has worked/posted.
11. Settle all outstanding advances, if any against him/her.
12. If any dues of the employee is lying pending in JNVs the same must be settled 6 months before superannuation.

PTO

It has been also observed that the Principals are sending proposal for settlement of retirement claims of employees in a casual manner ignoring the guidelines of Hqrs/R.O.

In this regard kind attention is invited to this office circulars/letters issued from time to time with the advice to send the proposal separately under separate covering with all enclosures as under:

**For Gratuity**

1. Application in prescribed form i.e. form- D,E,F (whichever applicable)
2. Copy of superannuation order/ resignation acceptance order/ death certificate.
3. Copy of relieving order.
4. No dues certificate issued at the time of relieving.
5. Vigilance clearance certificate.
6. Copy of documents regarding encashment from other department (if the employee rendered service in other organization.)

**For Leave Encashment**

1. Application from employees or his/her nominee on plain paper (As no application from has been prescribed).
2. Copy of superannuation order/acceptance of resignation/ Death Certificate of the employees.
3. Copy of relieving order.
4. No dues certificates issued at the time of relieving.
5. Vigilance clearance certificate.
6. Copy of documents regarding encashment from other Department. (if the employee rendered service in other organization).

**For settlement of CPF and GIS**

Please refer to this office letter no. 1-8/एफ पेमेन्ट (सीपीएफ)/नविस(पटना)/10-11/8941-9022 dt. 25/5/2010 & send the proposal as per instruction.

**It is reiterated that proposals must be send to this office separately under separate covering letter for issue of sanction order and release of CPF/GIS contribution.** The common letter for release of retirement benefit i.e. Gratuity, Leave encashment, CPF & GIS shall not be entertained and no action shall be initiated from this end. Delay caused due to clubbing of subjects/claims will be the sole responsibility of the Principal & his office and the same shall be reflected in their ACRs dossier for such lapses.

**Please treat this as most important compliance in future.**

Yours faithfully,

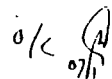


[Akhil Kumar Shukla]  
Deputy Commissioner

- Copy to: - 1. All the Asstt. Commissioners under Patna Region.  
2. CPF/GIS cell, NVS, RO, Patna-for information & records.



Deputy Commissioner

o/c   
07/11

RECEIVED  
11/11/2010

RECEIVED

RECEIVED

FORM 'D'

[See sub-rule (1) of Rule VI]

**Application of gratuity by an employee**

To.....

[Give here name or description of the establishment with full Address]

Sir,

I beg to apply for payment of gratuity to which I am entitled under sub-rule(1) of Rule VI of NVS Payment of Gratuity Rules,2007 on account of my superannuation/retirement/resignation after completion of not less than five years of continuous service/total disablement due to accident/total disablement due to disease with effect from the .....Necessary particulars relating to my appointment in the establishment are given in the statement below.

**Statement**

1. Name of the employee in full
2. Address in full.
3. Department/Branch/Section where last employed.
4. Post held.
5. Date of appointment.
6. Date and cause of termination of service.
7. Total period of service.
8. Amount of wages last drawn.
9. Amount of gratuity claimed.

**I was rendered totally disabled as a result of**

[Here give the details of the nature of disease or accident]

The evidences/witnesses in support of my total disablement are as follows:

[Here give details]

Payment may please be made in cash/open or crossed bank cheque.

As the amount of gratuity payable is less than rupees one thousand, I shall request you to arrange for payment of the sum due to me at the address mentioned above.

Yours faithfully.

Place

Date

Note: 1. Strike out the words not applicable.

2. Strike out paragraph or paragraphs not applicable.

Signature/Thumb impression  
of the applicant employee.

**For Gratuity calculation**

Name & Designation of official: Sh./Ms/Smt. _____	
JNV : _____	
1. Date of joining in Samiti : ____ // ____ //	
2. Date of death/resig./ termination : ____ // ____ //	
3. Total period of service in Samiti : ____ Y ____ M ____ D	
4. Less EOL on without MC : ____ Y ____ M ____ D	
5. Total qualifying period : ____ Y ____ M ____ D	
Period round of in yrs. _____ Yrs.	
6. Basic pay as on date of	
Death/resignation/termination : Rs. _____/-	
7. Dearness Pay 50% B/Pay : Rs. _____/-	
8. D.A as on date (____ %) : Rs. _____/-	
9. Total : Rs. _____/-	
10. Whether Dir. or depn? : Rs. _____/-	
11. Calculation:-	
_____ X 15 =Rs.	
26	
Net Gratuity payable : Rs. _____	

Dealing hand

Principal

**For Leave Encashment Calculation**

- |  |    |
|--|----|
| 1. Name of Employee                                | :- |
| 2. Designation                                     | :- |
| 3. Date of joining in the NVS                      | :- |
| 4. Date of Absorption                              | :- |
| 5. Date of Birth                                   |    |
| 6. Date of retirement/Resignation                  | :- |
| 7. Total no. of credited EL                        | :- |
| 8. Basic pay on the date of retirement/resignation | :- |
| 9. EL encashment avail during entire service       | :- |
| 10. if year for which period.                      | :- |

Basic Pay + DA admissible on the

date of retirement/resignation \_\_\_\_\_ X

No. of days of unutilized EL at  
credit subject to a maximum of 300 days

Principal

**NAVODAYA VIDYALAYA SAMITI, REGIONAL OFFICE, PATNA**

**FORM OF APPLICATION FOR FINAL PAYMENT OF BALANCE CREDITED IN  
NAVODAYA VIDYALAYA SAMITI CPF ACCOUNT**

*(To be submitted by the subscriber through the Principal, JNV, Deputy, Commissioner concerned)*

To

The Deputy Commissioner,  
Navodaya Vidyalaya Samiti,  
CPF Cell,  
Boring Road, **Patna - 800 013.**

Sir,

I have resigned finally/have retired/have been dismissed/ have been terminated from the service of the Navodaya Vidyalaya Samiti with effect from \_\_\_\_\_. I request that the entire amount at my credit with interest due under the Rules may please be paid to me. My relevant particulars are given below:-

01	Name of the Ex-employee	:	_____
	(In Capital Letters)	:	_____
02	Designation in the Samiti	:	_____
03	Place of last posting in the Samiti	:	_____
04	NVS CPF Account Number	:	_____
05	Mode of appointment on regular basis in the Samiti.	:	_____
			DIRECT/ABSORPTION
06	Date of joining on direct recruitment:	:	_____
07	Cause of leaving the service of the Samiti (Documentary proof to be Enclosed invariably)	:	Resigned/Retired/Dismissed /Terminated
08	Date of relieving from the services From the Samiti (Copy of relieving order to be enclosed)	:	_____/_____/_____.
-09	Place (s) of postings during the service in the Samiti.	:	<b>S.No. Place of Postings Duration</b>
			1. _____
			2. _____
			3. _____
			4. _____
10	<b>Present postal address</b> (In capital Letters)	:	_____
			_____
			_____
			PIN _____

Place:- \_\_\_\_\_  
Date:- \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

**(Signature of claimant)**

**FOR USE BY HEAD OF OFFICE**

Forwarded to the Deputy Director Navodaya Vidyalaya Samiti, CPF Cell PATNA for release of final payment in respect of CPF Account No. \_\_\_\_\_

01. Certified that Mr/Ms. \_\_\_\_\_ has been relieved from the services of the Navodaya Vidyalaya Samiti, on account of retirement/resignation/termination/dismissal with effect from \_\_\_\_\_
02. Certified that the particulars given in the application are correct, as per records.
03. Certified that the last deduction of CPF subscription was deducted from his/her pay as per following details:-

Pay Bill Month	Subscription	Arrear subscription	Refund of Advance	TOTAL

04. Certified that he/she drawn the following advances/part withdrawal during last 24 month period to the date of cession of his/her service from his/her NVS CPF Account.

**Month of draws**

**Amount of advance/part withdrawal**

05. Certified that his/her basis pay on the date of relieving from the services of the Samiti was Rs. \_\_\_\_\_. (A copy each of pay fixation orders on absorption/promotion may be attached.)
06. Certified that nothing is due for recovery from the subscriber. (The controlling Officer should carefully examine before submitting the case to the Navodaya Vidyalaya Samiti CPF Section that nothing is due against the ex-subscriber otherwise he/she will be personally responsible for over payment, if any.)

(Signature of Principal, JNV/  
Deputy Commissioner, Concerned)

Dated:- \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

**FOR USE IN REGIONAL OFFICE/VIGILANCE CELL AT HQRS.**

Certified that no vigilance case is pending/contemplated against Mr/Ms. \_\_\_\_\_ who was working in the Samiti as \_\_\_\_\_ at \_\_\_\_\_ and relieved from the service of the Navodaya Vidyalaya Samiti on account of retirement/registration/dismissal/termination and there is no objection for release of final payment of his/her own subscription as well as the Samiti's Contribution, if admissible, to him/her.

(Deputy Commissioner, Regional Office/CVO (Hqrs.))

**NAVODAYA VIDYALAYA SAMITI**

**GROUP SAVING LINKED INSURANCE SCHEME CELL**

**APPLICATION FORM FOR CLAIMING BENEFITS PAYABLE UNDER NVS-GROUP LINKED INSURANCE SCHEME - AGAINST NVS - GROUP SAVING LINKED INSURANCE SCHEME - AGAINST NVS -MASTE POLICY NUMBER - GSLI/48730.**

S. No.	Particulars				
1	NAME OF THE JNV/R.O./OFFICE (WHERE THE EMPLOYEE RETIRED, RESIGNED, TERMINATED, EXPIRE ETC.)				
2	FULL NAME OF EX-EMPLOYEE (IN CAPITAL LETTERS)				
3	DATE OF BIRTH AS PER RECORD (ATTACH ATTESTED COPY OF DATE OF BIRTH CERTIFICATE)				
4	DATE OF INITIAL JOINING IN THE SAMITI (ON REGULAR BASIS) (i.e. DATE, MONTH & YEAR)				
5	DESIGNATION OF EX-EMPLOYEE (ON THE DATE OF INITIAL JOINING IN THE SAMITI ON REGULAR BASIS)				
6	DATE OF ENTRY IN TO - NVS - GSLI- SCHEME.				
7	CATEGORY OF THE POST FOR NVS-GSLI-SCHEME (AS PER THE INITIAL REGULAR POST) (A/B/C/D/)				
8	DETAILS OF REGULAR PROMOTIONS OF EMPLOYEE IN THE SAMITI (IF ANY)				
	S. No.	Name of the post	Date of Joining	Category of post	Amount of contribution made as per PBRs.
9	DESIGNATION OF EX-EMPLOYEE (ON THE DATE OF EXIT FROM THE NVS-GIS-SCHEME)				
10	CATEGORY OF THE POST (AS ON EXIT DATE) A/B/C/D				
11	AMOUNT OF INSURANCE COVER				
12	CPF ACCOUNT NUMBER (ALLOTTED BY THE SAMITI-CPF -CELL)				
13	DUE DATE FOR PAYMENT OF THE FIRST GSLIS-MONTHLY CONTRIBUTION (INDICATE DAY, MONTH & YEAR)				
14	AMOUNT OF FIRST MONTH CONTRIBUTION (RECOVERED THROUGH PBR & REMITTED TO NVS-GIS CELL)				
15	DATE OF RETIREMENT/RESIGNATION/TERMINATION/DISMISSAL ETC (ATTACHE COPY OF ORDER)				
16	DATE OF RELIEVING FROM HIS/HER DUTIES (ATTACH COPY OF RELIEVING ORDER)				
17	DATE OF EXIT FROM SCHEME				
18	DATE OF DEATH AS PER RECORDS (PLEASE ENCLOSE ORIGINAL DEATH CERTIFICATE IN Form No. 10.)				
	<b>NOTE:-</b> THE LANGUAGE OF THE CERTIFICATE SHOULD BE EITHER ENGLISH, HINDI OR TRANSLATED IN ENGLISH (IN CASE IT IS IN REGIONAL LANGUAGE).				
19	CAUSE OF DEATH				
20	DATE, MONTH & YEAR OF LAST CONTRIBUTION (RECOVERED THROUGH PBR & REMITTED TO NVS GIS CELL.				
21	AMOUNT OF LAST CONTRIBUTION (RECOVERED THROUGH PBR & REMITTED TO NVS GIS CELL)				
22	WHETHER ANY GIS PREMIUM REMAINS UNPAID DURING MEMBERSHIP (IF SO, GIVE DETAILS)				
23	WAS THE MEMBER ABSENT ON THE GROUND OF ILL HEALTH ON THE DATE OF ENTRY INTO THE SCHEME (IF SO, GIVE THE DETAILS OF LEAVE & ATTACH THE LEAVE SANCTION ORDER)				
24	NAME OF THE BENEFICIARY AS PER NOMINATION DULY ACCEPTED BY COMPETENT AUTHORITY (IN CASE OF DEATH)				
25	RELATIONSHIP OF THE NOMINEE WITH THE EX-EMPLOYEE				
26	SERVICE DETAILS (WITH STATION OF POSTING AND PERIOD OF STAY AT EACH STATION)				
	S.NO.	NAME OF STATION	PERIOD OF STAY		
			FROM	TO	
27	BANK NAME FULL ADDRESS WHERE THE CLAIMANT WANTS HIS/HER PAYMENT DRAFT TO BE PREPARED & PAID.				

DATE: -----  
PARTICULARS VERIFIED

DEPUTY COMMISSIONER/PRINCIPAL

SIGNATURE OF EX-EMPLOYEE  
FULL NAME & ADDRESS -----  
-----  
PIN CODE -----  
PHONE NO. -----

**NAVODAYA VIDYALAYA SAMITI**

**GROUP SAVING LINKED INSURANCE SCHEME CELL**

**ANNEXURE - B**

**PROFORMA FOR INDEMNITY BOND**

This is to certify that GSLI Scheme final claim in respect of Sh./ Smt. -----  
----- who retired / resigned / terminated / dismissed /  
expired on ----- date ----- month ----- year has not been  
submitted earlier to the Principal / Deputy Commissioner / GIS Cell / Life Insurance  
Corporation of India. The detailed reasons for non submission of the GSLI Scheme claim  
in time are as under:-

-----  
-----  
-----  
-----

No I / We hereby request to the Principal / Deputy Commissioner / GIS Cell / LIC  
of India to consider the claim. I do hereby solemnly declare and affirm that it the GSLI  
claim in respect of Sh. / Smt. ----- Designation -----  
----- Ex----- of JNV / Office ----- holding the CPF  
A/C No. ----- is found settled earlier by NVS / LIC under Group Insurance  
Scheme of Samiti, I / We will refund the entire amount along with interest thereon in  
lump sum to NVS GSLI Cell within 30 days from the date of receipt of notice.

Signature:- -----

Name: (In block letters):- -----

Designation:- -----

Full Address: - -----  
-----  
-----

Phone no. :- -----

Signed in my presence

Principal / S.O. / A.C. / D.C.  
With Office seal



**NAVODAYA VIDYALAYA SAMITI**  
**GROUP SAVING LINKED INSURANCE SCHEME CELL**

**ANNEXURE - C**

**RECEIPTED BILL**

I MR./MRS. ----- RECEIVED THE SUM  
OF Rs. ----- ON ACCOUNT OF THE FINAL  
SETTLEMENT OF INSURANCE CLAIM IN RESPECT OF MR./MRS. -----  
----- EX- (DESIGNATION) ----- FROM THE INSURANCE  
FUND ADMISSIBLE UNDER THE NAVODAYA VIDYALAYA SAMITI GROUP SAVING  
LINKED INSURANCE SCHEME NO. GSLI-48730.

DATE ----- MONTH ----- YEAR -----

SIGNATURE OF RECEIPIANT(S):- -----

NAME IN BLOCK LETTERS:- -----

FULL ADDRESS: - -----

Phone no. :-----

**VERIFIED BY**

Principal / S.O./ A.C. / D.C.  
With Office seal

**NAVODAYA VIDYALAYA SAMITI, REGIONAL OFFICE, PATNA**

**Form of application for final payment of balances in the provident fund account of a subscriber to be used by the nominees or any other claimants where No nomination subsists.**

To

The Deputy Director,  
Navodaya Vidyalaya Samiti  
CPF Cell, Chandigarh,  
(Apply through proper channel only)

Sir,

It is requested that arrangements may kindly be made for the payment of the accumulations in the contributory provident Fund Account No. \_\_\_\_\_ (\*certificate No. 06 to be furnished in the case of Contributory Provident Fund only. \*\* Please score out if not necessary.) of Shri/Smt/Kumari \_\_\_\_\_

The necessary particulars required in this connection are given below:-

- 01 Name of the Government servant : \_\_\_\_\_
- 02 Date of birth : \_\_\_\_/\_\_\_\_/\_\_\_\_.
- 03 (i) Post held by the Government Servant : \_\_\_\_\_
- (ii) Date of Joining in the Samiti (On Direct Basis) \_\_\_\_/\_\_\_\_/\_\_\_\_.
- (iii) Last drawn Basic Pay : Rs. \_\_\_\_\_
- 04 Date of Death : \_\_\_\_/\_\_\_\_/\_\_\_\_.
- 05 Proof of death in the form of a death Certificate issued by the Municipal Authorities. Etc. if available. :
- 06 Provident Fund Account No. allotted to the subscriber by Samiti :
- 07 Amount of Provident Fund money standing to the credit of the subscriber at the time of his death, if know. :
- 08 Details of the nominees alive on the date of death of the subscriber if a nomination subsists :

SR. NO.	NAME OF THE NOMINEE	RELATIONSHIP WITH THE SUBSCRIBER	SHARE OF THE NOMINEE
01			
02			
03			

**(Attach one attested copy of the nomination as per service records)**

- 09 In case the nomination is in favour of a person other than a member of the family the details of the family if the sub-scriber subsequently acquired a family. :

SR. NO.	NAME	RELATIONSHIP WITH THE SUBSCRIBER	AGE ON THE DATE OF DEATH
01			
02			
03			

- 10 In case no nomination subsists, the details of the surviving members of family on the date of death of the subscriber. In the case of a daughter or a daughter of a deceased son of the subscriber, married before the death of the subscriber, if should be stated against her name whether her husband was alive on the date of the subscriber. :

	Name	Relationship with the subscriber	Age on the date of death
02			
03			

11 In the case of amount due to a minor child whose mother (Widow of subscriber) is not a Hindu, the claim should be supported by Indemnity bond or Guardianship certificate, as the case may be .....

12. If the subscriber has left no family and no nomination : subsists, the names of persons to whom the Provident fund money is payable (to be supported by certificate, etc.) .....

Sr. No.	Name	Relationship with the subscriber	Address
01			
02			
03			

13 Religion of the claimant (s) :

14 The payment is desired through the Office of \_\_\_\_\_ through the \_\_\_\_\_

Treasury/Sub-treasury in this connection  
Following documents duly attested  
By a Gad. Officer, in service/Magistrate are  
Attested.

(i) Personal marks of identification \_\_\_\_\_

(ii) Left/Right hand thumb or finger impressions (in the case of illiterate claimants)

(iii) Specimen signature in duplicate (in the case of literate claimants)

Yours faithfully,

Station:- \_\_\_\_\_

Dated:- \_\_\_/\_\_\_/\_\_\_/

(Signature of Claimant)  
(Full name & Address)

Forms

(For use of head of office/department)

Forwarded to the Navodaya Vidyalaya Samiti, CPF Cell for necessary action. The particulars furnished above have been verified carefully and found correct.

02 The provident fund Account No. \_\_\_\_\_ of Shri/Ms./Kumari \_\_\_\_\_ (as verified from the annual statements furnished to him/her) is \_\_\_\_\_

03 He/She died on \_\_\_\_\_. A death certificate issued by the Municipal authorities has been produced/is not required in this case as there is no doubt about his/her death.

04 The last fund deduction was made from his/her pay for the month of \_\_\_\_\_ drawn in this Office Bill No. \_\_\_\_\_ dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_ for Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) of the amount of deduction being Rs. \_\_\_\_\_ ( \_\_\_\_\_) and recovery, on account of refund of advance, of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

05 Certificate that he/she was neither sanctioned any temporary advance or any final withdrawal from his/her provident Fund Account during the 12 month immediately preceding the date of his/her death.

Certified that subsists the following temporary advances. Final withdrawals were sanctioned to him/her provident fund Account during 12 months immediately preceding the date of his/her death.

Sr. No.	Amount of advances/withdrawals	Date and place of encashment	Vouchers number
01			
02			
03			

06. Certified that no. amount was withdrawn/the following amounts were withdrawn from his/her Provident Fund Account during the 12 month immediately preceding the date of his/her death for payment of insurance premium or for the purchase of a new policy

Sr. No.	Policy number and name of the Company	Amount	Date	Voucher Number
01				
02				
03				

07 In reference to all records and audit report, it is certified that no demand/ following demands of Government is/are due for recovery against the above said employees, the final due amount of payment may be relished after making recovery of Rs. \_\_\_\_\_ ( \_\_\_\_\_) with amount any recovery.

(SUGNATURE OF HEAD OF OFFICE/DEPTT.)

Date:- \_\_\_\_/\_\_\_\_/\_\_\_\_\_.