

Appendix 'S'
(Refer to Para 20 of
Starred NO /2001)

PART -I

APPLICATION FORM FOR CLOSING OF DSOP FUND ACCOUNT
ONE YEAR PRIOR TO RETIREMENT

To,
The Logistics Officer in Charge
Naval Pay Office,
Mumbai

(Through CO ship/Estts)

Sir,

1. I, _____ Personal No_ _____
Rank _____ am due to retire/ have retired/proceeding on leave pending
retirement/have been dismissed from Service wef _____, I request that my
subscription to DSOP Fund be discontinued from the pay for the month
of _____

2. My DSOP Fund Account No is _____.

3. I request that payment of the balance in the DSOP Fund be made to me through my
Bankers as shown below for credit to my Bank account No _____.
My residential address after retirement will be as given below :-

Bankers _____

Residential address _____

4. An amount of Rs _____ stood to the credit in my DSOP fund
account as indicated in the account statement issued to me for the year _____
as appearing in my ledger account being maintained by you. I request that my DSOP
fund account be reviewed and brought upto date.

5. The undermentioned Life Insurance Policies being financed by me from my DSOP

Fund may be released :-

Policy Number Name of Company Sum assured

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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

Station.....
Date.....

Signature.....
Number.....
Rank.....
Address.....

(FOR USE BY HEADS OF OFFICE)

1. Forwarded to Accounts Officer_____for necessary action.
2. The DSOP/AFPP Fund Account No. Rank and Name (as verified from the Statements issued to him/her from year to year) is_____.
3. He/She is due to retire from Govt Service on_____.
4. Certified that he/she had taken the following advances in respect of which _____instalments 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 the aforesaid Accounts Statement are indicated below :-

<u>Temporary Advances</u>	<u>Final Withdrawals</u>
1. _____	_____
2. _____	_____
3. _____	_____

Signature of the Head of Office.

PART-II

APPLICATION FORM FOR CLOSING OF DSOP FUND ACCOUNT
THREE MONTHS PRIOR TO RETIREMENT

(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.).

To
The Logistics Officer Incharge
Naval Pay Office,
Mumbai

(Through CO Ship/Estts)

Sir,

In continuation of my earlier application, dated _____ for the final payment of DSOP/AFPP Fund balances, I request that entire balance at my credit with interest due under the rules may 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 Banker details of which are given :-

Account No _____ Bank _____ Address _____

Signature _____
Number _____
Rank _____
Name _____
Address _____

II

(FOR USE BY CO SHIP/ESTTS)

Forwarded to the LO I/C ,NPO(M)_____ for necessary action/in continuation of endorsement No _____

2. He/She is due to retire from Service on _____ has proceed on leave preparatory to retirement for _____ months from _____/has been discharged/dissmised/permanently transferred to _____has resigned permanently transferred to _____has resigned finally from Government Service/has resigned Service under _____ Government to take up appointment with _____ and his/her resignation has been accepted with effect from _____ forenoon/afternoon. He/she joined service with _____ on _____ forenoon/afternoon.

3. The last fund deduction was made from his/her pay in this office bill NO _____ dated _____ for Rs. _____ (Rupees _____). Cash Voucher NO _____ of _____ Treasury, the amount of deduction being Rs.....and recovery on account of refund of advance Rs _____.

4. Certified that he/she was neither sanctioned any Temporary Advance nor any Final Withdrawal from his/her DSOP/AFPP Fund Account during the nine months immediately preceding the date on which the last fund deduction has been made from his/her salary or thereafter.

OR

Certified that the following Temporary Advances and Final Withdrawals were sanctioned to him/her and drawn from his/her DSOP/AFPP Fund Account during the nine months immediately preceding the date on which the last fund deduction has been made from his/her salary or thereafter.

Amount of Advance/withdrawal Date Voucher Number

- 1. _____
- 2. _____
- 3. _____

5. Certified that no amount was withdrawa/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/proceeding on leave preparatory to retirement or thereafter for payment of Insurance premia purchase.

Amount of Advance/withdrawal Date Voucher Number

- 1. _____
- 2. _____
- 3. _____

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.

.....
CO Ship/Estts

No _____

Date _____

III

(Pre Receipt)

Received a sum of Rs _____ (Rupees _____
_____) DSOP fund in full and final settlement of my fund account.

Pre-Received

Date _____

Place _____

PART -IV

1. Forwarded to CDA(N) for audit.
2. The details furnished by the Officer are correct as per Fund ledger Account as on _____ is Rs _____.
3. Certified that all debits/credits and interest calculated for entire period or accumulation has been correctly posted.
4. Details of nominee are furnished below as per documents:-

Name of Nominee Relationship with Amount of share
the subscriber to be paid

- 1.

2.

3.

4. Certified that he/she had taken the following advances in respect of which _____ instalments of Rs _____ are yet to be recovered and credited to the fund account.

For Logistics Officer in Charge
Naval Pay Office

Date _____

PART-V

Checked and passed for payment of Rs _____.

No _____
Date _____

Account Officer
CDA(N)

PART-VI

Payment of Rs _____ (Rupees _____) made by cheque .
Actioned on fund account ledger card.

Date _____

for Logistics Officer- in-Charge
Naval Pay Office