

FORM OF APPLICATION FOR TRASNFER OF GPF BALANCE ON SUBSCRIBERS TRANSFER FROM ONE AUDIT AREA TO ANOTHER WITHIN DEFENCE SERVICE WHERE THE FUNDS ACCOUNTS ARE TO BE TRASNFERRED TO ANOTHER CDA

1. Name and Fund A/C No. of the subscriber :
2. Post held by the Officer :
3. Date of Transfer :
4. Office/Unit/Formation to which transferred :
5. Part II/Office Order No. and date (copy to be attached verifying the casualty regarding transfer has been published) :
6. If transfer is to another categories (i.e. Industrial to Non-Industrial or vice versa etc.) Particulars and details of service in post before :
7. The Fund to which individual has been admitted in the new Unit/Formation and A/C No. allotted to him except in the case of GP Fund. :
8. Last months pay bill/cheque roll with DV/TE Nos. through which the amount recover (i.e. Fund subscription, refund of advance etc. where compiled):

Pay Bill No. & Date	Subscription	Refund	DV No. & Date

9. Closing Balance as per last CCO-9 :
10. Insurance Policy/Policies Nos. if financed from GP Fund showing the amount/amounts and months withdrawal during the period covered from last CCO-9 to the month of transaction :
11. Advance outstanding, if any, the amount withdrawal during period covered from last CCO-9 the month and date of transfer :
12. Amount of recoveries on a/c of subscription/refund of advance :

13. Advance Granted, if any with compilation particulars:

(After receipt of last CCO-9)

S.No.	Month	Pay Bill No. & Date	Subs.	Refund	No. & Date

Place:

Dated:

Signature of Competent Authority