

ANNEXURE VI

**APPLICATION FOR THE REFUND OF THE AMOUNT
REMITTED IN THE BOARD**

1. (a) Name and full address of the Employee
(in block letters) :

- (b) Code Number of the employee :

- 2 Name & address of the Institution in which
he/she was employed at the time of
retirement/relief :

3. Date of birth and age of the employee :
4. Date of retirement/relief :
5. Date of option to come over to the Scheme :
6. Rate of contribution :
7. Whether recovery was effected regularly :
8. Total amount recovered from the employee :
9. Total amount contributed by management :
10. Total amount to his/her credit :
11. Amount claimed :

Place:

Date:

Signature of the applicant

I certify that the particulars given above are correct and also certify that the amount claimed is admissible as per rules.

Name and full Signature of the
President of the Institution

(Office Seal)

Place:

Date:

Countersigned

Head of Department/District/Taluk level Officer
of the concerned Administrative Department of
Government

Signature

Place:

Date:

(Name and Designation)

(Office Seal)