

Office of the _____

Statement of particulars for allotment of Provident Fund Account

Please read carefully the instructions printed

on the reverse before filling in the form.

Head of Account to which pay & allowance are debited

Number of compulsory subscribers for the month of

Name of Fund: _____

[See Decision below Rule 4]

Sl. No.	Name of Government Servant (Subscriber)	Name of Subscriber's father/husband	Date of birth of subscriber	Date of joining service	Designation	Emoluments	Monthly rate of subscription (in whole rupees)	Month from which subscription to commence	Remarks	To be filled by Accountant General's Office Accounts No. allotted
1	2	3	4	5	6	7	8	9	10	11
1										

No. Date

No. Date

Forward in duplicate to the Accountant General for necessary action the Govt. servant whose names are included in their statements are required to join

..... fund under the

Rules of Govt. of Their names have not been included in the previous statement are they are already members of any Provident Fund (nominations are enclosed as mentioned in the remarks)

Returned to Account Nos. allotted may be intimated to the subscribers and also noted in the service books nominations and other official records. In all correspondence connected with Provident Fund of any subscriber the account number should be quoted. Receipt of nomination at Sl. No. is hereby acknowledge.

Certified that all the employees whose names are shown above is eligible to subscribe to the Provident Fund in accordance with the relevant rules.

(Head of Office)

Account Officer
Office of the Accountant
General.....
.....

**FIRST SCHEDULE
[RULE 5(3)]**

Account No.

FORM OF NOMINATION

I, _____ hereby nominate the person(s) mentioned below who is / are member(s) non member(s) of my family as defined rule of the General Provident Fund (Central Service) Rules, 1960 to receive the amount that may stand to my credit in the fund as indicated below in the event of my death before the amount has become payable of or having become payable had not been paid.

Name & full address of the nominee(s)	Relationship with the subscriber	Age of nominee(s)	Share payable to each nominee	Contingencies on the happening of which the nomination will become valid	Name, address and relationship of the person(s) if any to whom the right of nominee shall pass in the event to his/her predeceasing the subscriber	If the nominee is not a member of the family as provided in Rule 2 indicate the reason
1	2	3	4	5	6	7

Dated this day of 20 at

Two witness to signature name & address.

1. _____

2. _____

Signature of the Subscriber:

Name in Block Letters: _____

Designation: _____

Signature:

(Reverse of the form)
Space for use by the Head of Office Pay & Account Office

Nomination by Shri/Smti..... Designation

Signature of Head of Office Pay & Account Officer

Date of receipt of nomination

Designation

Date