Application for admission to the General Provident Fund (To be submitted in duplicate)

| 1. Full Name (in Block Letters) | |
|--|-----------------|
| 2. Fathers/Husband's Name | |
| 3. (i) Official Designation | |
| (ii) Employee ID | |
| (iii) Mobile No. | |
| (iv) E-Mail ID | |
| (Mobile & E-Mail ID to be used for communication by | A.G.'s Office) |
| 4. Date of Birth | |
| 5. Whether on regular time scale of pay or consolidated | |
| Pay | |
| 6. (i) Date of Initial Appointment | |
| (ii) Date of appointment in present post | |
| 7. Date of Superannuation | |
| Office to which attached, if on deputation, state the parent Department, Government also | |
| 9. Service to which the applicant belongs | |
| 10. Whether applicant's service is pensionable or not | |
| Whether the applicant is permanent, temporary or re-employed. If temporary, give the date of commencement of service | |
| 12. Rate of emoluments drawn per month | |
| 13. Rate of subscription per month | |
| 14. Whether the individual is a compulsory or optional Subscriber | |
| 15. If subscriber was subscribing to any other fund, the name of such fund, A/c No, Copy of latest slip | |
| 16. Whether the applicant has a family or not | |
| 17. Account No. to be allowed by the Accounts Officer | |
| 18. Remarks | |
| A form of Nomination in the prescribed from duly filled an | , in analogad |
| A form of Nomination in the prescribed from, duly filled up Station : | o, is enclosed. |
| Date : | |
| Enclosures : | |
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- 1. Enclose an attested copy of Service Register in support of date of birth and date of initial appointment.
- 2. In respect of employees already having class IV GPF/ZPPF, the proposals to be forwarded through the DTO/PAO/CEO, ZP concerned. After allotment of GPF account number by this office, the balance at the credit of the previous account shall immediately be transferred by the DTO/PAO/CEO, ZP concerned to the new account along with month wise details of last 5 years' transactions in the previous account.

| | Signature of the Head of Office |
|---|---------------------------------|
| | Designation : |
| Counter Signature of* : | |
| District Treasury Officer | _/Pay and Accounts Officer |
| Chief Executive Officer, Zilla Parishad | |
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*In case of employees having class IV GPF or ZPPF accounts