

GPF ACCOUNT OPENING FORM

APPENDIX:

OFFICE OF THE _____
 Head of account to which pay
 and allowance are debited

Statement of particulars of allot-
 ment of provident fund amount mem-
 bers to compulsory subscribers for
 the month of _____

Please read carefully the
 instruction printed on the
 reverse before filling in the
 form.
 Name of fund _____

Sl No.	Name of Govt. servant (Subscribers)	Name of subscriber or father/husband/mother	Date of birth of subscriber	Date of joining service	Designation	Enrolment	Monthly contribution of subscriber in whole rupee	Yearly contribution	Month from which subscription to commence	Remarks	To be filled in by Accountant General office Accounts No. allotted
1	2	3	4	5	6	7	8	9	10	11	

NO. _____ DATED _____
 Forward in duplicate to the General Accountant for necessary action. The Govt. Servants whose names are included in their statement are required to joint the _____ Fund under the _____ Rules of Govt. of _____. Their names have not are not already members of any provident Fund (Non-nominations are enclosed as mentioned in the remarks column)

NO. _____ DATED _____
 Returned to _____
 Receipt of nominations at Sl.No. _____ is hereby acknowledged

DATED _____
 Accountant Nos allotted may be intimated to the subscribers and also noted in the books nominations and other Official records in all correspondence connected with Provident Fund of any subscriber, account non should be quoted X.

**Signature with seal
 HEAD OF OFFICE/DDO**

DEPOSITER'S NO. _____

FORM OF NOMINATION:

When the subscriber has a family and wishes to nominate one member thereof.

I hereby nominate the person mentioned below, who is a member of my family as defined in Rule 2 of the General Provident @ Fund (Central service) Rule, 1950 to receive the amount that may stand to my credit in the Fund, in the event of my death before that amount has become payable, or having become payable has not been paid.

Name and Address of nominee	Relationship with subscriber.	Age	Contingencies on the happening of which the nomination shall become invalid.	Name address and relationship for the person's if any to whom the right passes in the event of his predeceasing subscriber.
1	2	3	4	5

Dated this _____ day of _____ 2000

At _____

Two witness to signature

1. _____

2. _____

SIGNATURE OF THE SUBSCRIBER.