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

 Full Name (in Block Letters) Fathers/Husband's Name (i) Official Designation (ii) Employee ID (iii) Mobile No. (iv) E-Mail ID (Mobile & E-Mail ID to be used for communication 	: : : : : : nication by A.G.'s Office)	
4. Date of Birth	:	
5. (i) Date of Initial Appointment (ii) Date of appointment in present post	: :	
6. Date of Superannuation	:	
7. Office to which attached, if on deputation state the parent Department, Government		
8. Service to which the applicant belongs	:	
9. Whether applicant's service is pensional	ble or not:	
10. Whether the applicant is permanent, temporary or re-employed. If temporar date of commencement of service	y, give the :	
11. Rate of emoluments drawn per month	:	
12. Rate of subscription per month:		
13. Whether the individual is a compulsory	or optional subscriber:	
14. If subscriber was subscribing to any of the name of such fund, A/c No, Copy of la		
15. Whether the applicant has a family or 16. Account No. to be allowed by the Acco		
17. Remarks:		
A form of Nomination in the prescribed fro	m, duly filled up, is encl	osed.
Station: Date: Enclosures:		Signature of the applicant

NOTE:

- 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
*In case of employees having class IV GPF or ZPPF accounts