



9. Official Address


District


PIN

10. Service is

(1)

	Central	State
(i)	Full-time	Part-time
(ii)	Pensionable	Non-Pensionable
(iii)	Officiating	Permanent
(iv)	Re-employed	Not Re-employed

11. If the applicant is a subscriber to any other Provident Fund

Name of Fund :

Account Number :

12. Basic Pay

Rs.

13. Monthly Subscription

Rs.

14. Salary month from which the subscription starts







15. Salary Head of Account












16. Whether the applicant has a family:

Yes	No
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17. Whether Nomination enclosed:

Yes	No
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Signature of the applicant

Place:

Date:

(Countersignature of the Head of Office with designation)

(Office seal)

**FOR USE IN THE OFFICE OF THE ACCOUNTANT GENERAL (A&E)  
(to be entered by the Section concerned)**

Section:

Unit:  Prefix:

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Account Number:

**(to be entered by EDP-PF)**

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**Signature of AAO/SO PF**

**INSTRUCTIONS**

- The application shall be submitted in duplicate
- The amount of monthly subscription shall not be less than 6% of the basic pay and shall not exceed the maximum basic pay.
- Those who have not completed one year's continuous service shall submit a written consent to join the fund.
- Gazetted subscribers have to file the nomination with the Accountant General. In the case of Non-gazetted subscribers, the nominations are to be accepted and kept by the Heads of Office.