

9. **Official Address**

District

PIN

10. **Service is**

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

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

Name of the 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

17. **Whether Nomination enclosed:** Yes No

Place :

Date :

Signature of applicant

(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:

Account Number:*(to be entered by EDP-PF)*

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 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.