

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

Account Number to be allotted by the Accounts Officer	Name of applicant	Whether European, Anglo-Indian or Indian	Official Designation	Office to which attached	Whether post is permanent or temporary or applicant is on probation to a permanent post	If in temporary or officiating service whether he is likely to become permanent	Date of emoluments per mensem	Date of Subscription per mensem (Rule- GPF Rules)	Whether compulsory or optional subscriber	If subscriber to any other Fund, the name of such Fund	Whether the applicant has a family or not	Whether joining the Sterling or rupee branch of the fund	Remarks
01	02	03	04	05	06	07	08	09	10	11	12	13	14

Station _____ Signature or Applicant _____ Signature of the Head of the Office _____

Date: _____

Office of the
NO. _____ Dated the _____ 200 .

Returned with account number allotted. This number should be quoted in all correspondence connected therewith. A form of nomination alongwith a Contigent Notice of cancellation in prescribed forms duly filled in may be sent as soon as possible.

Signature _____ Designation _____

Form PF-1

{Refer to in Rules 13.7 (3) and 14.5 (3)}

FORM OF NOMINATION

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

I hereby nominate the person(s) mentioned below, who is/are member(s) of my family as defined in the rule 13.2/14.2 of the Punjab Civil Services Rules Volume II, to receive Punjab Contributory Provident Fund in the event of my death before that amount has become payable or having become payable has not been paid and direct that the said amount shall be distributed among the said persons in the manner shown below against their names:-

Name & Address of nominee(s)	Relationship with subscriber	Age	*Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the person or persons if any, to whom the right of the nominee shall pass in the event of his /her predeceasing the subscriber on the happening of the contingency or contingencies specified in the previous column.
1	2		4	

Dated this _____ day of _____ 200 .

Signature of subscriber_____

At _____

Signatures Two witnesses:- (1)_____

(2)_____

Name & Department:

Name & Department:

GPF Account No.

GPF Account No.

*Note:- This column should be filled in so as to cover the whole amount that may stand to the credit of the subscriber in the GP Fund at any time.