APPENDIX 'P' FORM – 1/2/4

Application for admission to the Provident Fund.(to be submitted induplicate)

ice of thedated	the	200
	Signature of the Head	Office Designation.
::	SIGNATURE OF	APPLICANT.
ion:		
Remarks A form of nomination in the prescribed form duly filed is e	:: enclosed.	
Pay as on previous 31 st March	::	
A/C.No. tobe allotted by the Account Office	er ::	
Whether the applicant has a family or not	::	
If subscriber is subscri bing to any other fundered Name of such fund	und the ::	
Whether individual is a compulsory or opti-	onal ::	
Rate of subscription per month	::	
Rate of employments drawn per mensum	::	
Date of entry into service	:: ::	
Re-employed. If temporary give the date of	•	
Whether applicants service is pensionable	of not ::	
Service to which the applicant belongs	::	
Father`s Name	::	
Office to which attached if on deputation some street that the parent department Government also		
Date of Birth	::	
Official designation & Address	::	
Name of the Applicant	::	
	Official designation & Address Date of Birth Office to which attached if on deputation of The parent department Government also Father's Name Service to which the applicant belongs Whether applicants service is pensionable Whether applicants is permanent/temporar Re-employed. If temporary give the date of Commencement of service Date of entry into service Rate of employments drawn per mensum Rate of subscription per month Whether individual is a compulsory or optically subscriber is subscribing to any other for Name of such fund Whether the applicant has a family or not A/C.No. tobe allotted by the Account Office Pay as on previous 31 March Remarks A form of nomination in the prescribed form duly filed is expected.	Official designation & Address Date of Birth Office to which attached if on deputation state The parent department Government also Father's Name Service to which the applicant belongs Whether applicants service is pensionable of not :: Whether applicants is permanent/temporary of Re-employed. If temporary give the date of Commencement of service Date of entry into service Rate of employments drawn per mensum Rate of subscription per month Whether individual is a compulsory or optional If subscriber is subscri bing to any other fund the Name of such fund Whether the applicant has a family or not A/C.No. tobe allotted by the Account Officer Pay as on previous 31 st March Remarks A form of nomination in the prescribed form duly filed is enclosed. Signature of the Head

Returned with account number allotted. This number should be quoted in all correspondence connected there with.

<u>FORM – I</u> <u>FORM OF NOMINATION</u>

1. Whether the subscriber has a family and wished to nominate one number there of

I hereby nominate the person mentioned below who is a member of my family as defined in Rule 2 of the General Provident Fund (Andhra Pradesh) Rules to received the amount that may stand to my credit in the fund in the even Of my death before that amount has becomes payable of having become payable has not been paid.

Name and Address of Nominee	Relation ship with subscriber	Age	Contingencies on the happening of which The nomination shall become invalid	Name address and relationship of the person if any to whom the right of thenominee shall pass on the event of his predeceasing the subscriber.

Date	day of	200
	_ ,	

Two Witnessess to signature

1)

2) SIGNATURE OF SUBSCRIBER.

FORM OF NOMINATION

I. WHEN THE SUBSCRIBER HAS A FAMILY AND WISHES TO NOMINATE MORE THAN ONE NUMBER OF

I here by nominate the persons mentioned below who are members of my family as defined Rule 2 of the General Provident Fund (A.P) Rules to reserve the amount the may stand to my credit in the fund in the even 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 against theirnames.

Name and address of the Nominee	Relation ship with subscriber	Age	Amount of share of accumulations to be paid to each	Contingencies or the happening of which the nomination	Name and address and relationship of the person if whom the right of the nominee shall pass on the event of his predececessing the subscriber.

Date		da	ay of	200		
Two Witnessess to sign	nature					
1)						

2) SIGNATURE OF SUBSCRIBER.

FORM OF NOMINATION

IV. WHEN THE SUBSCRIBER HAS NO FAMILY AND WISHES TO NOMINATE MORE THAN ONE PERSON

I having no family as defined in Rules 2 of the General Provident Fund (AP) Rules, hereby nominate the persons mentioned below 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 and direct that the said amount shall be distributing among said person in the manner shown against their names.

Name and address of the Nominee	Relation ship with subscriber	Age	Amount of share of accumulations to be paid to each	Contingencies or the happening of which the nomination shall become invalid	to whom the r	ss and relationship of the person if any right of the nominee shall pass in the dececessing the subscriber.
Dated this			day of		200	at
Two						

witnesssignatures: 1)

2)

SIGNATURE OF THE SUBSCRIBER.

NOTE: This column shall be filled inso as nto over the whole amount the may stand to the credit of the subscriber in the fund at any time. NOTE; Here a subscribering has no family makes a nomination, he shall specify in this column that the nomination shall become invalid in the Event of his subsequently acquiring a family.

FORM OF NOMINATION

III. WHEN THE SUBSCRIBER HAS NO FAMILY AND WISHED TONOMINATE ONE PERSON.

I having no familyas defined in Rules 2 of the General Provident Fund (AP) Rules, hereby nominate to the person Mentioned below 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 the Nominee	Relation ship with subscriber	Age	Amount of share of accumulations to be paid to each	Contingencies or the happening of which the nomination shall become invalid	Name and address and relationship of the person to where the right of the nominee shall pass in predececessing the subscriber.				
Date thisaday of200 at									
Two witnesses to signature:- 1)									
2) NOTE: Where a subscriber who	o has no family makes nominatio	on. he shall	specifiv in this column that the no	SIG		SUBSCRIBER.			

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