

**Statement of particulars for allotment of
Provident Fund Account Number**

Guru Gobind Singh Indraprastha University
Kashmere Gate, Delhi-110006

Head of Account to which pay and
allowances are debited _____

[See Decision below Rule 4]

Name of fund : Contributory Provident Fund

Sl.No	Name of Government servant (subscriber)	Name of Subscriber's father/husband	Date of birth subscriber	Date of joining service	Designation	Emoluments	Monthly rate of subscription (in whole rupees)	Month from which subscription to commence	Remarks	To be filled in by Accounts Branch Account No. allotted
1	2	3	4	5	6	7	8	9	10	11

No. _____ dated _____

Forwarded in duplicate to the Controller of Finance for necessary action. The University employee whose name(s) is/are included in the statements are required to join the Contributory Provident Fund under the ordinance of the University. His/ Their name(s) have not been included in the previous statements and they are not already members of any Provident Fund (Nominations are enclosed as mentioned in the remarks column).

Certified that the employee(s) whose name(s) is/are shown above are eligible to subscribe to the Provident Fund in accordance with the relevant ordinance.

(Head of Office) _____

No. _____ dated _____

Returned to _____ Account Nos. allotted may be intimated to the subscribers and also noted in the Service Books, nominations and other official records. In all correspondence connected with Provident Fund of any subscriber, the account number should be quoted. Receipt of nominations at Sl. Nos. _____ is hereby acknowledged.

Asstt. Controller of Accounts

Office of the Controller of Finance _____

SCHEDULES
FIRST SCHEDULE [RULE 5 (3)]
FORM OF NOMINATION

Account No. _____

I, _____ hereby nominate the person(s) mentioned below who is/are member(s)/non-member(s) of my family as defined in Rule 2 of the Contributory Provident Fund Rules (India), 1962. to receive the amount that may stand to my credit in the fund as indicated below, in the event of my death before that amount has become payable or having become payable has not been paid

Name and full address of the nominee(s)	Relationship with the subscriber	Age of the nominee(s)	Share payable to each nominee	Contingencies on the happening of which the nomination will become invalid	Name, address and relationship of the person(s) if any to whom the right of nominee shall pass in the event of his/her predeceasing the subscriber	If the nominee is not a member of the family as provided in Rule 2, indicate the reasons
1	2	3	4	5	6	7

Dated this _____ day of 20 _____ at _____

Two witness to signature (Name and Address)

1.

Signature of the subscriber _____

Name in Block letters _____

Designation _____

2.

Signature _____

(Reverse of the form)

Space for use by the Head of Office/Pay & Accounts Officer

Nomination by Shri/Smt./ Kumari _____ Designation _____

Date of receipt of nomination _____

Signature of Head of Office/Pay & Accounts Officer _____

Designation _____

Date _____

Head of Office

Office of the Controller of Finance