

APPENDIX – R
FORM – I (MARRIED PERSONS)
APPLICATION FOR ADMISSION TO THE ZILLA PARISHAD PROVIDENT FUND
(TO BE SUBMITTED IN DUPLICATE)

01	NAME OF THE EMPLOYEE (FULL NAME IN BLOCK LETTERS)	
02	Father's/Husband's Name	
03	Designation	
04	Place of working (Full Address)	
04	Date of Birth	
05	Date of Superannuation	
06	Office to which attached. If on deputation state the parent Department.	
07	Service to which the applicant belongs	
08	Whether applicant's service pensionable or not ?	
09	Whether the applicant's service permanent, temporary or re-employed. If temporary, give the date of commencement of service	
10	Basic Pay Drawing Per Month	
11	Amount of Subscription to be recovered per month (Minimum of 6% over Basic Pay)	
12	Whether the individual is a compulsory or optional subscriber	
13	If subscriber is subscribing to any other fund. If so name of such fund.	
14	Whether the applicant has a family or not ?	- Yes – Having Family
15	Account Number to be allotted by the Accounts Officer (Office Use)	
16	REMARKS	

A form of nomination in the prescribed form, duly filled up, is enclosed.

STATION :

Signature of the Applicant & Address

DATE :

Signature of the Head of Office &
Designation

(PTO)

Office of the Zilla Parishad,

Dated _____

Returned with Account Number Allotted. The Account Number is _____. This Number should be quoted in all correspondence relating to General Provident Fund.

Signature :

Designation: Dy.Chief Executive Officer,
ZP., _____

FOR OF NOMINATION

I. WHEN THE SUBSCRIBER HAS A FAMILY AND WISHES TO NOMINATE ONE MEMBER THER 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 event of my death before that amount has become payable, or having become payable, has not been paid:

NAME AND ADDRESS OF NOMINEE	RELATIONSHIP OF THE SUBSCRIBER	AGE	CONTINGENCIES ON THE HAPPENING OF WHICH THE NOMINATION SHALL BE COME INVALID	NAME, ADDRESS & RELATIONSHIP OF THE PERSON, IF ANY, TO WHOM THE RIGHTS OF THE NOMINATED SHALL PASS IN THE EVENT OF HIS PRECEDING THE SUBSCRIBER

Signed on (date) _____ at (Place) _____

Witnesses Signature & Full
Address (2 members)

1.

Signature of the Subscriber With
Full Address

2.

/ATTESTED/

Signature Of Head Of Office
With Seal