

FORM - 3

APPLICATION FOR ADMISSION INTO THE ZILLA PARISHAD PROVIDENT FUND (UNMARRIED PERSONS)

01	Name of the Applicant	
02	Official Designation & Address of working place	
03	Office to which attached. If on deputation, state the parent Department	
04	Service to which the applicant belongs	
05	Whether applicant's service is pensionable or not	
06	Whether the applicant's service is permanent, temporary or re-employed, if temporary, give the date of commencement of service.	
07	Basic Pay Drawing Per Month	
08	Rate Of Subscription To Be Recovered Per Month	
09	Whether the individuals is a compulsory or optional subscriber	
10	If subscriber is subscribing to any other fund, the name of such fund.	
11	Whether the applicant has a family or not (Yes/No)	
12	Account Number to be allotted by the Accounts Officer (For Office Use)	
13	REMARKS (For Office Use)	

STATION :

Dated :

Signature & Address Of the Applicant

Signature of the Head of Office &
Designation

Office Of the
Zilla Parishad, Chittoor
Dated _____

RETURNED with Account Number allotted. The Account Number allotted is _____ . This number should be quoted in all correspondence connected to provident fund.

Signature Of The Accounts Officer,
Zilla Parishad-Chittoor.

(PTO FOR NOMINATION)

FORM OF NOMINATION**I .WHEN THE SUBSCRIBER HAS NO FAMILY AND WISHES TO NOMINATE ONE PERSON.**

I having no family as define in rule 2 of the General Provident Fund (Andhra Pradesh) Rules hereby nominate 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	Relationship with the Subscriber	Age	Contingencies on the happening of which the nomination shall become invalid (#)	Name, address & relationship of the person to whom the rights of the nomination shall pass in the event of predeceasing of the subscriber

Signed on (dated) _____ at (Place) _____

Witnesses With Full Address (2 Members) (*)

(1)

Signature and address of the Subscriber

(2)

(*) Witnesses without their full addresses will not be entertained

(#) Specify in this column that the nomination shall become invalid in the event of his/her subsequently acquiring a family.