### APPENDIX

**Name of the Department**

DIRECTOR PRINCIPAL, GOVT. MEDICAL COLLEGE HOSPITAL, CHANDIGARH

Statement of Particulars for allotment of Provident Fund Account Numbers to compulsory subscribers

For the month of __________________________

**Name of Fund : General Provident Fund**

**Head of Account : 2210-Medical**

<table>
<thead>
<tr>
<th>Name of Govt. Servant (Subscriber)</th>
<th>Name of Subscriber’s Father/Husband</th>
<th>Date of Birth of Subscriber (DOB)</th>
<th>Date of Joining in service</th>
<th>Designation</th>
<th>Emoluments</th>
<th>Monthly rate of Subscription</th>
<th>Month from which subscription to commence</th>
<th>Remarks Head of Account</th>
<th>To be filled in by A.G. Office Account No.</th>
<th>Allocated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

**Signatures of the Applicant**

Endst. No. GMCH/ Dated : No. : Dated

Forwarded in duplicate to the Account General (A&E) U.T., Sub-Office, Chandigarh for necessary action. The Govt. servant whose name has been included in this statement is required to join the General Provident fund under the GPF Rules of Govt. of India. His/Her name has been included in the previous and he/she has not already as member of any provident fund (Nomination are enclosed) as mention in the remarks of column. Certified that the official/officer is a temporary or regular employee.

Addendum: Returned to the Director Principal, Govt. Medical College & Hospital, Sector 32, Chandigarh.

Account NO. allotted may be intimated to the subscribers and also noted in the service books, nomination connected and GPF of any subscriber the account No. should quoted receipt of nominations at Sr. No. ______________ is hereby acknowledged.

Signatures of the applicant__________________________________

Designation______________________________________________

Account Officer

Office of the A.G. (A&E), Punjab
U.T., Sub Office, Chandigarh.
## FORM OF NOMINATION

**ACCOUNT NO.**

I, Ms./Mr./Mrs. _____________________________ hereby nominate the Person(s) mentioned below who is/are member(s) non-members of my family as defined in Rule (2) of the General Provident Fund (Central Services) Rule, 1960 to receive the amount Payable or having become payable has not been paid.

<table>
<thead>
<tr>
<th>Name &amp; Full Address of the Nominee's</th>
<th>Relationship with the subscriber</th>
<th>Age of the Nominee/ Nominees</th>
<th>Share payable to each nominee</th>
<th>Contingencies on the happening of which the nomination will become invalid</th>
<th>Name, Address &amp; relationship of the person(s) if any to whom the right of nominee shall pass in the event of his/her processing the subscribe.</th>
<th>If the Nominee(s) not a member of the family as proved in Rule 2 indicate the reasons.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Date this: ___________ 20__________ at ___________

**Two witnesses of signature**

**NAME & ADDRESS**

1. ________________________________
   __________________________________

2. ________________________________
   __________________________________

Signature Subscriber

Name ____________________________