

**APPENDIX 'P'**  
**FORM – 1/2/4**

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

01. Name of the Applicant :
02. Official designation & Address :
03. Date of Birth :
04. Office to which attached if on deputation state :  
The parent department Government also
05. Father`s Name :
06. Service to which the applicant belongs :
07. Whether applicants service is pensionable of not :
08. Whether applicants is permanent/temporary of :  
Re-employed. If temporary give the date of  
Commencement of service
09. Date of entry into service
10. Rate of employments drawn per mensum :
11. Rate of subscription per month :
12. Whether individual is a compulsory or optional :
13. If subscriber is subscri bing to any other fund the :  
Name of such fund
14. Whether the applicant has a family or not :
15. A/C.No. to be allotted by the Account Officer :
16. Pay as on previous 31<sup>st</sup> March :
17. Remarks  
A form of nomination in the prescribed form duly filed is enclosed. :

SIGNATURE OF APPLICANT.

Station:

Date::

Signature of the Head Office Designation.

Office of the \_\_\_\_\_ dated \_\_\_\_\_ the \_\_\_\_\_ 200

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

**FORM – I**  
**FORM OF NOMINATION**

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 - II**  
**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 predeceasing the subscriber.

Date \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

Two Witnessess to signature

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	Name and address and relationship of the person if any to whom the right of the nominee shall pass in the predeceasing the subscriber.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_\_ at \_\_\_\_\_

Two witnesssignatures:

- 1)
- 2)

SIGNATURE OF THE SUBSCRIBER.

NOTE: This column shall be filled in so as not 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 if any to where the right of the nominee shall pass in the predeceasing the subscriber.

Date this \_\_\_\_\_ day of \_\_\_\_\_ 200 at

Two witnesses to signature:-

1)

2)

SIGNATURE OF SUBSCRIBER.

**NOTE** : Where a subscriber who has no family makes nomination, he shall specify in this column that the nomination shall become invalid in the event of his subsequent acquiring a family.