

## APPENDIX

Name of the Department	<b>DIRECTOR PRINCIPAL, GOVT. MEDICAL COLLEGE HOSPITAL, CHANDIGARH</b> 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
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Name of Govt. Servant (Subscriber)	Name of Subscriber's Father/Husband	Date of Birth of Subscriber (DOB)	Date of Joining in service	Designation	Emoluments	Monthly rate of Subscription	Month from which subscription to commence	Remarks Head of Account	To be filled in by A.G. Office Account No. Allotted
1	2	3	4	5	6	7	8	9	10
								2210-Medical Public Health (Plan) 05-Medical Education Training & Research 05-105 Allopathy 21 Govt. Medical College & Hospital 21 00 01 – Salaries	

**Signatures of the Applicant**

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<b>Endst. No. GMCH/</b>	<b>Dated :</b>	<b>No. :</b>	<b>Dated</b>	
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<p>Forwarded in duplicate to the Account General (A&amp;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.</p> <p>Signatures of the applicant _____</p> <p>Designation _____</p>	<p>Returned to the Director Principal, Govt. Medical College &amp; 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.</p> <p style="text-align: right;"><b>Account Officer</b> Office of the A.G. (A&amp;E), Punjab U.T., Sub Office, Chandigarh.</p>
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# 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

Name & Full Address of the Nominee's	Relationship with the subscriber	Age of the Nominee/ Nominees	Share payable to each nominee	Contingencies on the happening of which the nomination will become invalid	Name, Address & relationship of the person(s) if any to whom the right of nominee shall pass in the event of his/her processing the subscribe.	If the Nominee s not a member of the family as proved in Rule 2 indicate the reasons.
1	2	3	4	5	6	7

**Date this** \_\_\_\_\_ **Date of** \_\_\_\_\_ **20** \_\_\_\_\_ **at** \_\_\_\_\_

<p>Two witnesses of signature</p> <p><b>NAME &amp; ADDRESS</b></p> <p>1. _____</p> <p>_____</p> <p>2. _____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">Signature Subscriber</p> <p style="text-align: center;">Name _____</p>
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	_____	Designation_____
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