

**Statement of particulars for allotment of
Provident Fund Account Number**

Indira Gandhi Delhi Technical University for Women

Kashmere Gate, Delhi- 110006

Head of Account to which pay and allowances debited_____

Name of Fund: Contributory Provident Fund

Sr. No.	Name of Government servant (subscriber)	Name of Subscriber's father/husband	Date of Birth Subscriber	Date of joining service	Designation	Emoluments	Monthly rate of subscription (in whole rupees)	Month from which subscription to commence	Remarks	To be filled in by Account Branch Account No. allotted
1	2	3	4	5		6	7	8	9	10

No. _____ Dated _____

No. _____ Dated _____

Forwarded in duplicate to the Controller of Finance for Necessary action. The University employee whose name(s) is/are included in the statements are required to join the Contributory Provident Fund under the ordinance of the University. His/Their names(s) have not been included in the previous statements and they are not already members of any Provident Fund (Nominations are enclosed as mentioned in the remarks column).

Certificate that the employee(s) whose name(s) is/are shown above are eligible to subscribe to the Provident Fund in accordance with the relevant ordinance.

(Head of office) _____

Returned to _____ Account Nos.

Allotted may be intimated to the subscribers and also noted in the service Books, nominations and other official records. In all correspondence connected with Provident Fund of any subscriber, the account number should be quoted. Receipt of nomination at Sl. Nos. _____ is hereby acknowledged.

Asstt. Controller of Accounts

Office of the Controller of Finance _____

SCHEDULES
FIRST SCHEDULE {RULE 5 (3)}
FORM OF NOMINATION

I, _____ hereby nominate the person(s) mentioned below who is/are member(s) of my family as defined in Rule 2 of the Contributory Provident Fund Rules (India), 1962, to receive the amount that may stand to my credit in the funds indicated below, in the event of my death before that amount has become payable or having become payable has not be paid.

Name and full address of the nominee(s)	Relationship with the subscriber	Age of the nominee(s)	Share payable to each nominee	Contingencies on the happening of which the nomination will become invalid (Death/Divorced/ insanity/ or other)	Name, address and relationship of the person(s) if any to whom the right of nominee shall pass in the event of his/her predeceasing the subscriber	If the nominee is not a member of the family as provident in Rule 2, indicate the reasons
1	2	3	4	5	6	7

Dated this _____ day of 20 _____ at _____

Two witness to signature (Name and Address)

1.

2.

Signature of the subscriber _____

Name in Block letters _____

Designation _____

Signature _____

(Reverse of the form)

Space for use by the Office/Pay & Accounts Officer

Nomination by Shri/Smt./Kumar _____ Designation _____

Date of receipt of nomination _____

Signature of Head of Office/Pay & Accounts Officer

Designation _____

Date _____