



9. Official Address


District


PIN

10. Service is

(1)

	Central	State
(i)	Full-time	Part-time
(ii)	Pensionable	Non-Pensionable
(iii)	Officiating	Permanent
(iv)	Re-employed	Not Re-employed

11. If the applicant is a subscriber to any other Provident Fund

Name of Fund :

Account Number :

12. Basic Pay

Rs.

13. Monthly Subscription

Rs.

14. Salary month from which the subscription starts







15. Salary Head of Account












16. Whether the applicant has a family:

Yes	No
-----	----

17. Whether Nomination enclosed:

Yes	No
-----	----

Signature of the applicant

Place:

Date:

(Countersignature of the Head of Office with designation)

(Office seal)

**FOR USE IN THE OFFICE OF THE ACCOUNTANT GENERAL (A&E)  
(to be entered by the Section concerned)**

Section:

Unit:  Prefix:

---

Account Number:

**(to be entered by EDP-PF)**

---

**Signature of AAO/SO PF**

**INSTRUCTIONS**

- The application shall be submitted in duplicate
- The amount of monthly subscription shall not be less than 6% of the basic pay and shall not exceed the maximum basic pay.
- Those who have not completed one year's continuous service shall submit a written consent to join the fund.
- Gazetted subscribers have to file the nomination with the Accountant General. In the case of Non-gazetted subscribers, the nominations are to be accepted and kept by the Heads of Office.

**GENERAL PROVIDENT FUND, KERALA**  
**FORM OF NOMINATION**  
(See Rule 8(1)(iii))

I (Name).....hereby nominate the person(s) 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 full permanent address of nominee(s)	Relationship with the subscriber	Age	Share payable to each	Contingencies on the happening of which the nomination shall become invalid	Name, address,relationship and age of the person to whom the right of the nominee shall pass in the event of his predeceasing the subscriber.	Name and address of the person to whom share is to be paid on behalf of minor
1	2	3	4	5	6	7

Date : \_\_\_\_\_  
Place : \_\_\_\_\_  
Signature of the subscriber : \_\_\_\_\_  
Name : \_\_\_\_\_  
Designation : \_\_\_\_\_

GPF Account No. \_\_\_\_\_

**Name and Address**

**Signature**

**Witnesses:** 1. \_\_\_\_\_  
2. \_\_\_\_\_

Countersignature by Head of Office (required only when the subscriber is a Non-Gazetted Government Servant)