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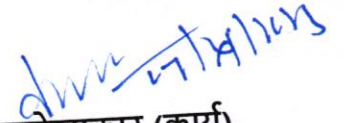
Tele Gram: ACCOUNTS

महालेखाकार (ले० एवं ह०) कार्यालय, बिहार, पटना
OFFICE OF THE ACCOUNTANT GENERAL (A&E), BIHAR, PATNA

का. आ. संख्या--डबल्यू. एम.-I (2023-24) - 126
दिनांक: - 07.11.2023

कार्यालय आदेश

इस कार्यालय से संबंधित वैसे प्रमंडलीय लेखाकार/ प्रमंडलीय लेखा पदाधिकारी संवर्ग जिनकी सेवा NPS से OPS में स्थानांतरित की गयी है, जिनके पक्ष में GPF खाता आवंटित करनी है, जो अबतक इस कार्यालय के कार्यालय आदेश संख्या- WM-I(2023-24)-112 दिनांक-25.09.2023 के अनुसार अपनी विवरणी इस कार्यालय को उपलब्ध नहीं कराये है, जो निर्देश दिया जाता है कि वे इस आदेश के साथ संलग्न प्रपत्र के अनुसार अपनी विवरणी भरकर इस कार्यालय को यथाशीघ्र उपलब्ध कराये। ताकि अग्रेत्तर कारवाई की जा सके।
अनु.यथोक्त


उप महालेखाकार (कार्य)
बिहार पटना

Application for Allotment of New General Provident Fund Number

(To be filled in capital letters and should be submitted in duplicate)

- 1 Account No. (to be allotted by the Accountant General office).....
- 2 Name of Applicant
- 3 Employee ID.....
- 4 Designation
- 5 Basic Pay of the applicant (Level =)
- 6 Date of Birth of the applicant
- 7 Gender
- 8 Email Id.....
- 9 Father's / Spouse Name
- 10 Date of Regular Appointment
- 11 Office to which attached (if on deputation, state the parent Department, Government also)
.....
- 12 Service to which the applicant belongs
- 13 Whether the applicant is permanent, temporary or re-employed
- 14 Whether applicant's service is pensionable or not
- 15 PRAN (if any allotted to applicant)
- 16 Date of Superannuation
- 17 Whether the applicant has a family or not

Date :-

Signature of applicant:-

Place:-

Mobile number of applicant:-

Certified that the applicant Sh. / Smt./Ms./Dr.....has been appointed on regular service and he/she has not yet been allotted GPF Account Number. It is also certified that the applicant has opted OPS by exercising an option. Nomination form duly filled in duplicate is also enclosed.

Name of DDO

DDO Code

Signature of the Head of office /DDO

**RULE 5(3)
NOMINATION FORM
(To be submitted in duplicate)**

Account No

I S/o/D/o/W/o Sh. Hereby nominate the person(s) mentioned below who is / are member(s) non- member(s) of my family as defined in Rule 2 of the General Provident Fund (Central Service) Rule, 1960 to receive the amount that may stand to my credit in the fund as indicated below, in the event of my death before that amount has become payable or having become payable has not been 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 (For more details "Note *")	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 subscriber	If the nominee is not a member of family as provided in Rule 2. Indicate the reasons
1	2	3	4	5	6	7

Dated
Place

**Signature of witness
Name and address**

1	Signature	GPF Number
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- Note * 1** In case of wife /Husband "legal separation".
2 In case of children "Disinheritance".
3 In case of un-married subscriber "on acquiring family".

Signature of Subscriber
Name (Block letters)
Designation
Official Address

Signature of Head of Office / DDO
 Designation
 Dated