

Application for Allotment of New General Provident Fund Number
(In reference to OPS Notification No. Fin (Pen) A (3)-1/2023 dated: 04-05-2023, Govt. of H.P.)
(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 Designation
- 4 Basic Pay of the applicant (Level =)
- 5 Date of Birth of the applicant
- 6 Gender
- 7 Father's / Spouse Name
- 8 Date of Regular Appointment
- 9 Office to which attached (if on deputation, state the parent Department, Government also)
.....
- 10 Service to which the applicant belongs
- 11 Whether the applicant is permanent, temporary or re-employed
- 12 Whether applicant's service is pensionable or not
- 13 PRAN (if any allotted to applicant)
- 14 PMIS
- 15 IP Number
- 16 Date of Superannuation
- 17 Monthly rate of subscription
- 18 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 within the stipulated time period. Nomination form duly filled in duplicate is also enclosed.

Date:

Place:

Name of DDO

Contact Number of DDO/Office

Email ID of DDO.....

DDO Code

CCO Code

Treasury Code

Salary Head of Account

Signature of the Head of office /DDO

Designation.....

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 Rule2 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**

Signature of Subscriber
Name (Block letters)
Designation
Official Address

- 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 Head of Office / DDO
Designation
Dated

