APPENDIX

	rse of the form) of the			Name of Fund								
	FUND ACCOL	UNT NUMBERS	TO COMPULSO	LOTMENT OF PROVIDENT USORY SUBSCRIBER FOR				Please read carefully the instructions printed on the reverse before filling in the				
Head o	of account to which pay a	and allowances ar	e debited:									
SI. No.	Name of Government Servant (Subscriber).with HRMS employee ID	Name of Subscriber's father/husban d.	Date of birth of subscriber.	Date of joinin g servic e.	Desig- nation.	Emolu- ments.	Monthly rate of subscrip -tion(in whole rupee).	Month from which subscription to comme -nce.	Mobile numbe r of subscri ber for receivi ng SMS alerts	E- mail id of subsc riber	Rem ar- ks	To be filled in by accountant General's office. Account No. Allotted.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
No Forwarded in duplicate to the Accountant General for necessary action. The Government servant whose name is included in the statement is required to join the Fund under the						No Dated						

Accounts Officer,
Office of the Accountant General

(Head of Office)