ANNEXURE I

**FORM A**

(See Rules 6 & 8 of GPF (K) Rules)

**APPLICATION FOR ADMISSION TO COCHIN UNIVERSITY   
EMPLOYEE’S PROVIDENT FUND (KERALA)**

(All entries in **BOLD CAPITALS** in blue or black ink)

(Leave one space between words, put C:\Users\PC\AppData\Local\Microsoft\Windows\INetCache\IE\4929KIPN\check-mark-1292787_960_720[1].png in the relevant column)

1. Name of applicant

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1. Sex

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| --- | --- |
| Male | Female |
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1. Name of Father/Husband

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1. Permanent Address

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1. Date of Birth (DD-MM-YYYY)

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1. Date of joining service (DD-MM-YYYY)

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1. Department (Parent)

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| --- |
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1. Designation

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1. Official Address

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| PIN | | | | | | | | | | | | | |  |  |  |  |  |  |

1. Service is

|  |  |  |
| --- | --- | --- |
| 1 | Central | State |
|  | Full-time | Part-time |
|  | Pensionable | Non-pensionable |
|  | Officiating | Permanent |
|  | Re-employed | Not re-employed |

1. If the Applicant is a subscriber to any other Provident Fund

Name of the fund:

|  |
| --- |
|  |

Account Number:

|  |
| --- |
|  |

1. Basic Pay

|  |
| --- |
| ₹ |

1. Monthly subscription

|  |
| --- |
| ₹ |

1. Salary month from which the Subscription starts

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

1. Salary Head of Accounts

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. Whether the applicant has a family

|  |  |
| --- | --- |
| Yes | No |
|  |  |

1. Whether Nomination enclosed

|  |  |
| --- | --- |
| Yes | No |
|  |  |

Signature of Applicant

(Countersignature of the Head of Office with designation)

Place:

Date:

(Office Seal)

**FOR USE IN THE OFFICE OF THE REGISTRAR**

(To be entered by the Section concerned)

Section:

|  |
| --- |
|  |

Unit:

|  |  |  |
| --- | --- | --- |
|  | Prefix: |  |

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Account Number:

|  |
| --- |
|  |

(To be entered by EDP-PF)

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Signature of AAO/SO

P.F.

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.

**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/having become payable has not been paid.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name & 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 & address of the person to whom share is to be paid on behalf of minor |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|  |  |  |  |  |  |  |

Date:

Place:

Name and Address Signature

Witness: 1.

2.

Signature of the Subscriber, Name and Designation ……………………………………………………………………………………………………………………………………………… Account No. ……………………………………………………………………………….

Counter signature by Head of Office (required only when subscriber is non-gezetted Government Servant)

**INSTRUCTIONS**

Column 1 : A subscriber can nominate more than one person. If he/she has a family as  
 defined in General Provident Fund (K) Rules, the nomination shall not be in   
 favour of any person who is not a member of the family.

Column 4 : If the subscriber nominates only one person, the words “in full” may be noted. Otherwise, the share payable to each so as to cover the whole amount   
 standing at the credit of the subscriber may be specified.

Column 5 : Death need not be shown as a contingency. In the case of persons having no  
 family as defined in General Provident Fund (K) Rules, the subscriber shall   
 state that the nomination shall become invalid in the event of his subsequently acquiring a family. Similarly in the case of a subscriber having only one   
 member in the family and who wishes to nominate another person as  
 alternate nominees, he shall specify that the right conferred on the alternate  
 nominee shall become invalid. In the event of the subscriber acquiring an  
 additional member in the family.

Column 6 & 7 : The name to be specified in these columns shall be that of a person other than the subscriber or nominee.

Account No. : In the case of persons who file the nomination along with application for  
 admission to the fund, this will be furnished by the Accountant General.

By Order of the Governor

N. Karthiyani Amma

Joint Secretary

To

The Accountant General, Kerala

All Heads of Departments and Offices

The Registrar of High Court, Ernakulam (with CL)

The Registrar, University of Kerala, Thiruvananthapuram (with CL)

The Registrar, University of Calicut, Kozhikode (with CL)

The Secretary, Kerala Public Service Commission (with CL)

The Secretary to Governor

The Private Secretaries of Chief Minister and other Ministers

The Stenographer of Chief Secretary

The Officers and Sections of the Secretariat