

STATEMENT PARTICULARS OF ALLOTMENT OF PROVIDENT FUND ACCOUNT TO COMPULSORY SUBSCRIBERS FOR THE MONTH OF _____ OFFICE OF THE DIRECTORATE OF HEALTH SERVICES, ARUNACHAL PRADESH, NAHARLAGUN.

(See Decision No. (30 Below Rule 4)

Head of account to which pay and allowance are debited _____

Please read carefully the instructions printed on the reverse before filling in the form.

Name of Fund _____

Sl. No.	Name of Govt. Servant Subscriber	Name of Subscribers Father/Husband	Date of birth of subscriber	Date of joining	Designation	Emolument	Monthly rate of subscription in whole	Month from which subscription	Remarks	To be file in by Accountant General's Office Account No: allotted
1	2	3	4	5	6	7	8	9	10	11
1.										

No. _____ Dated _____

No. _____ Dated _____

Forward in duplicated to the Director of Accounts & Treasuries, Govt. of Arunachal Pradesh, Naharlagun for necessary action. The Govt. servants whose name are included in their statement are required to join the GPF under _____ rules to _____ Govt. of AP. Their names have not all only members of any provident fund (Nomination are enclosed as mentioned the remarks column).

Rational to _____ Accounts Nos allotted may be intimated to the subscribers and also note in the services books, nominations and others official records. In all correspondence concerned with provident fund of any subscriber the account number should be quoted. Receipt of nominations at Sl. No. _____ Nos _____ Is hereby acknowledged.

Certified that all the employees whose names are shown above are eligible to subscribed to the provident fund in accordance with the relevant rules.

Accounts Officer
Office of the Accountant General