FORM PF-1

(See Clause (4) of Statutes 3)

Form of Application for admission to the Sree Sankaracharya University of Sanskrit Employees Provident Fund

[All entries in BOLD CAPITALS in blue or black ink]

{Leave one space between words, put ✓ in the relevant column}

01. Name of applicant

02. Sex

03. Name of Father/Husband

04. Permanent Address

District PIN

05. Date of Birth (DD-MM-YY)

06. Date of Joining Service (DD-MM-YY)

07. Designation

08.Official Address

District PIN

09.Whether the Applicant's Service is permanent Yes No

10. If the applicant is a subscriber to any other Provident Fund,

Name of the Fund

Account No.

11. Basic Pay

12. Monthly subscription

13.Whether the applicant has family Yes No

14. Whether Nomination is enclosed Yes No

Place : Signature of applicant

Date:

(Countersignature of the Head of Office with designation)

(Office Seal)

FORM - PF.2
FORM OF NOMINATION

(See Clause (4) of Statute 3)
(to be submitted in duplicate)

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, or having become payable, has not been paid.

Name and 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 pre-deceasing the subscriber	Name, relationship and address of the person to whom share is to be paid on behalf of minor
1	2	3	4	5	6	7

Place:
Date:

Signature of the subscriber, Name & Designation.....
Account No.....

Name & Address

Signature

Witness: 1.
2.

Countersigned by Head of Office

Admitted