## APPENDIX

(Reverse of the form) Office of the						Name of Fu	nd					
Head o	FUND ACCOU	OF PARTICULA JNT NUMBERS OF	TO COMPULSO	RY SUBS	SCRIBER	FOR ——			ad carefull a the rever	-		
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 accountan t General's office. Account No. Allotted.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
No Dated 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					No Dated Returned to Accounts No. allotted may be intimated to the subscriber and also noted in the Service Book, nomination and other office re cords. In all correspondence connected with Provident Fund of the subscriber, the account No. should be quoted. Receipt of nomination in respect of G.O's at SI. Nos here by acknowledged.							

Accounts Officer,
Office of the Accountant General

(Head of Office)