

First Schedule
FORM-G.P.F. 3
 [See Rule 8(3)]
 Form of Nomination

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

(For use of subscriber having family)

Provident Fund A/c No. -----

PROVIDENT FUND NOMINATION

I @-----hereby nominate the person/persons mentioned below who is a member/are members of my family as defined in rule 2 of the*----- Provident Fund ----- Rules, to receive the amount that may stand to my credit in the Fund, as indicated below, in the event of my death before that amount has become payable, or having become payable has not been paid-

Name and address of Nominee/Nominees	Relationship with Subscriber	Age of the Nominee	Share payable to each nominee	Contingencies on the happening of which the nomination shall become invalid.	Name, address and relationship of the person/persons, if any, to whom the right of the nominee shall pass in the event of his/her predeceasing the subscriber.
(1)	(2)	(3)	(4)	(5)	(6)

Dated this ----- day of ----- 19-----at -----

Two witness to signature-

Name	Address	Signature
1.		
2.		

Signature of the Subscriber

Space for use by Head of Office/Accountant General's Office

Nomination by Shri/Smt./Ku. -----

Designation -----

Date of receipt of nomination -----

Signature of Head of Office/A/c Office

Designation-----

Date-----

Instructions for subscriber :-

- a. @ Your name may be filled in.
- b. * Name of the Fund may be completed suitably.
- c. Definition of the term 'family' as given in the Provident Fund Rules.
- d. Column-(4) If only one person is nominated, the words 'in full' should be written against the nominee. If more than one person is nominated, the share payable to each nominee to cover the whole amount of the Provident Fund should be specified.
- e. Column-(5) Death of the nominee (s) should not be mentioned as a contingency in this column.
- f. Column-(6) Do not mention your name.
- g. Draw line across the blank space below last entry to prevent insertion of any names after you have signed.

**Proforma for acknowledging the receipt of the Nomination form by
the Head of Office/Audit Officer**

To

The receipt of your nomination dated -----/Cancellation dated ----- of the nomination made earlier, in respect of Provident Fund Account Number ----- is hereby acknowledged.

Signature of the Head of Office/Audit Officer

FORM-G.P.F. 3-A
Form of Nomination

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

(For use of subscriber having no family)

Provident Fund A/c No. -----

I @-----having no family as defined in the rule 2 of the *----- rules hereby nominate the person/persons mentioned below to receive the amount that may stand to my credit in the Fund, as indicated below, in the event of my death before that amount has become payable, or having become payable has not been paid. This nomination shall become invalid in the even of my subsequently acquiring a family.

Name and address of Nominee/Nominees	Relationship with Subscriber	Age of the Nominee	Share payable to each nominee	Contingencies on the happening of which the nomination shall become invalid.	Name, address and relationship of the person/persons, if any, to whom the right of the nominee shall pass in the event of his/her predeceasing the subscriber.
(1)	(2)	(3)	(4)	(5)	(6)

Dated this ----- day of ----- 19-----at -----

Two witness to signature-

Name	Address	Signature
1.		
2.		

Signature of the Subscriber

Space for use by Head of Office/Accountant General's Office

Nomination by Shri/Smt./Ku. -----

Designation -----

Date of receipt of nomination -----

Signature of Head of Office/A/c Office

Instructions for subscriber :--

- h. @ Your name may be filled in.
- i. * Name of the Fund may be completed suitably.
- j. Definition of the term 'family' as given in the Provident Fund Rules.
- k. Column-(4) If only one person is nominated, the words 'in full' should be written against the nominee. If more than one person is nominated, the share payable to each nominee to cover the whole amount of the Provident Fund should be specified.
- l. Column-(5) Death of the nominee (s) should not be mentioned as a contingency in this column.
- m. Column-(6) Do not mention your name.
- n. Draw line across the blank space below last entry to prevent insertion of any names after you have signed.

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