

PROVIDENT FUND NOMINATION

Please read carefully instructions printed on the reverse before filling the forms.

.....herby nomination the person mentioned below who is a member/are members of my family as defined in rule of theProvident fundruled 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 been become payable has not been paid.

Name & full address of the nominee/nominees.	Relationship with the subscriber	Age of the nominee	Share payable (to each nominee)	Contigencies on the happening of which the nomination shall be before invalid	Name, address & relationship of the person/person of family 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.....date of.....19.....at.....

Space for use by H/Office/
Accountant General's Office

Two witnesses to Signature

Name* Address Signature

Nomination by Shri/Smt.....
Designation.....
Date of receipt of nomination
Signature of.....
Head of office/Accountant Officer.....
(Designation)