



GOVERNMENT OF ANDHRA PRADESH  
ABSTRACT

PROVIDENT FUND – Modification of the Form Appendix S, note 2 sub-rule(7) under Rule 7 of A.P. General Provident Fund (Andhra Pradesh) Rules, 1935 – Orders – Issued.

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FINANCE (PENSION-II) DEPARTMENT

G.O.Ms.No. 56

Dt: 28/02/2014

Read the following:

- 1) Lr.No.FM/GI.II/9-3/2013-14/1707, dt:-15/01/2014 from Deputy Accountant General (Funds), O/o Principal Accountant General (A&E), A.P., Hyderabad.

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The Principal Accountant General (A&E), A.P., Hyderabad in the reference read above has proposed to modify the form of application for admission to GPF under Appendix S, note 2 sub-rule (7) under Rule 7 of APGPF Rules, 1935 so as to ensure that full details required for opening the GPF account of the employee are received in their office and also for smooth transfer of previous balance available in other PF accounts.

2 The Government after careful examination have modified the existing form which is appended to this order.

3 All the Departments in the Secretariat and Heads of Departments are requested to take necessary action accordingly in the matter.

4. The G.O. is available on Internet and can be accessed at the address <http://goir.ap.gov.in/> [www.wgmts.com](http://www.wgmts.com)

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

Dr.D.SAMBASIVA RAO  
PRINCIPAL SECRETARY TO GOVERNMENT (FP)

To  
All Departments of Secretariat.  
All the Heads of Departments.  
All the Collectors and District Judges.

The Principal Secretary to Governor, Raj Bhavan, Hyderabad.  
The Principal Accountant General (A&E), A.P., Hyderabad.  
The Principal Accountant General (Audit-I & II), A.P., Hyderabad.  
The Director of Treasuries and Accounts, A.P., Hyderabad.  
The Joint Director, Pension Payment Office, Nampally, A.P., Hyderabad.  
All the Deputy Directors of District Treasuries in the State.  
All the Chief Executive Officers of Zilla Praja Parishads.  
All the District Panchayat Officers.  
All the District Educational Officers.  
The Secretary, A.P. Public Service Commission, A.P., Hyderabad.  
The Secretary, A.P. Vigilance Commission, A.P., Hyderabad.  
The Registrar, A.P. Administrative Tribunal, A.P., Hyderabad.  
The Registrar, High Court of A.P, A.P., Hyderabad.  
The Registrar, A.P. Lokayukta & Upa-Lokayukta, A.P., Hyderabad.  
The Chairman for Disciplinary Proceedings, A.P., Hyderabad.  
The Chairman, Commission of Inquiry, A.P., Hyderabad.  
The Presiding Officer, Labour Court, Guntur.  
The Secretary, A.P. GENCO/TRANSCO, Vidyut Soudha, A.P., Hyderabad.  
All Municipal Commissioners in the State.  
The Registrars of all Universities in the State.  
All Autonomous Bodies and Corporations in the State through concerned the Departments in Secretariat.  
The Special Officer, Dr.MCR HRD Institute of Administration, A.P., Hyderabad.  
The Special Commissioner, A.P.Bhavan, Ashok Road, New Delhi.  
The Director of Works & Accounts, A.P., Hyderabad.  
The Director of State Audit, A.P. Hyderabad.  
The Director of Works and Projects, Hyderabad.  
The Pay & Accounts Officer, Hyderabad.  
The General Administration (Special.B/Cabinet/SW) Department.  
The Law (E) Department.  
Finance (Admn.I/Admn.II/Admn.III/WA.I/WA.II/WA.III/OP.I/OP.II) Department.  
SC/SFs.

//FORWARDED::BY ORDER//

SECTION OFFICER

## **Existing Form:**

### **FORM**

Office of the \_\_\_\_\_ Statement of Particulars for allotment  
of Provident Fund Account Numbers  
to Compulsory subscribers for  
for the month of \_\_\_\_\_

Please read care fully  
the instructions printed  
on the reverse before  
filling in the form

Head of account to which pay  
and allowances are debited \_\_\_\_\_

Name of Fund \_\_\_\_\_

Sl. No	Name of Govt. Servant	Name of subscriber's father/husband.	Date of birth of subscriber	Date of joining service	Designation	Emoluments	Monthly Rate of subscription (in whole rupee)	Month from which subscription to commence	Remarks	To be filled in by Accountant General's Office. Account No. allotted
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

No. \_\_\_\_\_ Dated \_\_\_\_\_

No. \_\_\_\_\_ Dated \_\_\_\_\_

Forwarded in duplicate to the Accountant-General for necessary action. The Government Servants whose names are included in this Statement are required to join the \_\_\_\_\_ Fund under the \_\_\_\_\_ rules of Government of \_\_\_\_\_. Their names have not been included in the previous statements and they are not already members of any provident fund (Nominations are enclosed as mentioned in the remarks column).

Returned to \_\_\_\_\_ Account Nos. allotted may be intimated to the subscribers and also noted in the Service Books, nominations and other official records. In all correspondence connected with Provident Fund of any subscriber, the Account No. should be quoted. Receipt of nominations at Sl.Nos \_\_\_\_ is hereby acknowledged.

(Head of Office \_\_\_\_\_)

Accounts Officer,  
Office of the Accountant General

## **Proposed New Form:**

### **Application for admission to the General Provident Fund** **(To be submitted in duplicate)**

1. Full Name (in Block Letters):
2. Fathers/Husband's Name:
3. (i) Official Designation:  
(ii) Employee ID:  
(iii) Mobile No.:  
(iv) E-Mail ID:  
(Mobile & E-Mail ID to be used for communication by A.G.'s Office)

4. Date of Birth:
5. (i) Date of Initial Appointment:  
(ii) Date of appointment in present post:
6. Date of Superannuation:
7. Office to which attached, if on deputation, state the parent Department, Government also:
8. Service to which the applicant belongs:
9. Whether applicant's service is pensionable or not:
10. Whether the applicant is permanent, temporary or re-employed. If temporary, give the date of commencement of service:
11. Rate of emoluments drawn per month:
12. Rate of subscription per month:
13. Whether the individual is a compulsory or optional subscriber:
14. If subscriber was subscribing to any other fund, the name of such fund, A/c No, Copy of latest slip:
15. Whether the applicant has a family or not:
16. Account No. to be allowed by the Accounts Officer:
17. Remarks:

A form of Nomination in the prescribed form, duly filled up, is enclosed.

[www.wgmts.com](http://www.wgmts.com)

Station:

Date:

Enclosures:

Signature of the applicant

NOTE:

1. Enclose an attested copy of Service Register in support of date of birth and date of initial appointment.
2. In respect of employees already having class IV GPF/ZPPF, the proposals to be forwarded through the DTO/PAO/CEO, ZP concerned.

After allotment of GPF account number by this office, the balance at the credit of the previous account shall immediately be transferred by the DTO/PAO/CEO, ZP concerned to the new account along with month wise details of last 5 years transactions in the previous account.

*Signature of the Head of Office*  
Designation:

Counter Signature of\*:

District Treasury Officer \_\_\_\_\_ /Pay and Accounts Officer  
\_\_\_\_\_/Chief Executive Officer, Zilla Parishad \_\_\_\_\_.

\*In case of employees having class IV GPF or ZPPF accounts.