

# अखिल भारतीय आयुर्विज्ञान संस्थान

## ALL INDIA INSTITUTE OF MEDICAL SCIENCES

अंसारी नगर, नई दिल्ली-110029  
ANSARI NAGAR, NEW DELHI-110029

GENERAL PROVIDENT FUND  
SUBSCRIBER'S NOMINATION

सामान्य भविष्य नधि  
अभिदाता का नामांकन

Date of Birth

जन्म तिथि.....

Date of Joining

कार्याभार ग्रहण करने की तिथि.....

I, .....hereby nominate the person(s) mentioned below who is / are member(s)/ non-member(s) of my family as defined in Rule 2 of the General Provident Fund (Central Services) Rules, 1960 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.

मैं, .....एतद्वारा निम्नलिखित व्यक्ति/व्यक्तियों को जो सामान्य भविष्य निधि (केन्द्रिय सेवाएं) नियमावली 1960 के नियम 2 में यथा परिभाषित मेरे परिवार के सदस्य अथवा गैर-सदस्य है/हैं, को मेरी भविष्य निधि में नीचे दर्शायी जमा राशि है, के देय होने से पहले अथवा राशि देय हो गई हो। उसका मुझे भुगतान होने से पहले मेरी मृत्यु हो गई हो गई हो, उस दशा में उक्त राशि प्राप्त करने के लिए नामित करता हूं।

Name and full Address of the nominee(s)	Relationship with the nominee(s)	Age of the nominee(s)	Share payable to each nominee	Contingencies on the happening of which the nomination will become invalid	Name, Address & relationship of the person(s) if any, to whom the right of nominee shall pass in the event of his/her pre-deceasing the subscriber	If the nominee is not a member of the family as provided in rule 2, indicate the reasons
1	2	3	4	5	6	7
नामित व्यक्ति/ व्यक्तियों का पूरा पता	अभिदाता के साथ संबंध	नामित व्यक्ति/ व्यक्तियों की आयु	प्रत्येक नामित को भुगतान किए जाने वाला हिस्सा	किन विशेष परिस्थितियों में नामांकन अमान्य हो जाएगा	उस व्यक्ति का नाम, पता तथा संबंध जो अभिदाता की पूर्व मृत्यु होने पर नामित होने का अधिकार प्राप्त करेगा।	यदि नामित नियम 2 में उल्लिखित के अनुसार परिवार का सदस्य नहीं है तो कारण दर्शाएं

Date this.....day of 200.....at.....

दिनांक.....200.....के दिन.....के बजे

Two witnesses to signature :

दो गवाहों के हस्ताक्षर :

1. Name :

नाम :

Address :

पता :

2. Name :

नाम :

Address :

पता :

Signature of Subscriber :

अभिदाता के हस्ताक्षर :

Name in Block Letters :

बड़े अक्षरों में नाम :

Designation :

पदनाम :

Department :

विभाग :

**Space for use by Accounts Officer**

लेखा अधिकारी के प्रयोग हेतु स्थान

Nomination by Shri/Smt. Dr. .... Designation.....

श्री/श्रीमती/कुमारी/डा. .... द्वारा नामांकन पदनाम.....

Date of receipt of nomination.....

नामांकन की प्राप्ति की तिथि.....

Signature of Accounts Officer

लेखा अधिकारी के हस्ताक्षर

Date.....

दिनांक.....

**INSTRUCTION FOR THE SUBSCRIBER-**

- (a) Your name may be filled in.
- (b) Name of the fund may be completed suitably.
- (c) Definition of term "family" as given in the General Provident Fund (Central Services) Rules, 1960 is reproduced below.

**Family means -**

- (i) In the case of a male subscriber, the wife or wives, parents, children, minor brothers, unmarried sisters, deceased son's widow and children and where no parent of the subscriber is alive, a paternal grandparent.

Provided that if a subscriber proves that his wife has been judicially separated from him or has ceased under the customary law of the community to which she belongs to be entitled to maintenance she shall henceforth be deemed to be no longer a member of the subscriber's family in matters to which these rules relate unless the subscriber subsequently intimates in writing to the Accounts officer that she shall continue to be so regarded.

- (ii) In the case of a female subscriber, the husband, parents, children, minor brothers, unmarried sisters, deceased son's widow and children and where no parent of the subscriber is alive, a paternal grandparent.

Provided that if a subscriber by notice in writing to the Accounts Officer expresses her desire to exclude her husband from her family, the husband shall henceforth be deemed to be no longer a member of the subscriber's family in matters to which these rules relate unless the subscriber subsequently cancels such notice in writing.

**NOTE :** Child means legitimate child and includes an adopted child where adoption is recognized by the personal law governing the subscriber or a ward under the Guardians and Wards Act, 1890 (8 of 1890) who lives with the Government Servant and is treated as a member of the family and to whom the Government Servant has, through a special will, given the same status as that of a natural born child.

- (d) Col. 4 If only one person is nominated the words " in full" should be written against the nominee. If more than one person is nominate, the share payable to each nominee over the whole amount of the Provident Fund shall be specified.
- (e) Col. 5 Death of nominee(s) should not be mentioned as contingency in this column.
- (f) Col. 6 Do not mention your name.
- (g) Draw line across the blank space below last entry prevent insertion of any name after you have signed.

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ANSARI NAGAR, NEW DELHI - 110029

सामान्य भविष्य निधि के अग्रिम/आहरण हेतु आवेदन

APPLICATION FOR ADVANCE/WITHDRAWAL FROM THE GENERAL PROVIDENT FUND

1. अभिदाता का नाम  
Name of Subscriber : \_\_\_\_\_
2. जन्म तिथि  
Date of Birth : \_\_\_\_\_
3. कार्यभार ग्रहण करने की तिथि  
Date of Joining : \_\_\_\_\_
4. पिता / पति का नाम  
Father's / Husband's Name : \_\_\_\_\_
5. पदनाम  
Designation : \_\_\_\_\_
6. सा० भ० नि० संख्या  
G.P.F. Number : \_\_\_\_\_
7. स्टेट बैंक ऑफ इन्डिया / S.B.I.  
अंसारी नगर / Ansari Nagar  
बचत खाता नं० / Saving A/c No. : \_\_\_\_\_
8. मूल वेतन  
Basic Pay : \_\_\_\_\_
9. अपेक्षित राशि  
Amount required : \_\_\_\_\_  
(प्रतिदेय / गैर-प्रतिदेय)  
(Refundable / Non refundable) : \_\_\_\_\_
10. अग्रिम / आहरण राशि के लिए अपेक्षित कारण  
Reason for which advance/withdrawal is required : \_\_\_\_\_
11. भवन निर्माण / निर्मित भवन आदि के लिए निम्नलिखित जानकारी दें  
For House Building / Built-up house etc. following information may be given
  - (अ) भूखंड का माप एवं स्थान निर्धारण  
(a) Location and measurement of the plot \_\_\_\_\_
  - (ब) क्या भूखंड पूर्ण स्वामित्व में है या पट्टे पर है।  
(b) Whether plot is free hold or lease hold. \_\_\_\_\_
  - (स) भवन-योजना की स्वीकृति संलग्न करें  
(c) Attach sanctioned building plan \_\_\_\_\_
  - (द) यदि फ्लैट या भूखंड भवन निर्माण सोसायटी द्वारा खरीदे जा रहे हैं तो सोसायटी का नाम फ्लैट / भूखंड का माप एवं स्थान निर्धारण आदि।  
(d) If the flat or plot is being purchased from a H.B. Society the name of the society, the location & measurement etc. of the flat / plot. \_\_\_\_\_
  - (घ) निर्माण की लागत  
(e) Cost of Construction \_\_\_\_\_
  - (ड.) यदि फ्लैट दि०वि०प्रा० या किसी अन्य भवन निर्माण सोसायटी आदि से खरीदे जा रहे हैं तो फ्लैट का स्थान निर्धारण आयाम आदि दर्शाए जाएं।  
(f) If the purchase of flat is from D.D.A. of any H.B. etc. the location, dimension etc., may be given.

12. समेकित अग्रिम राशि लौटाने के लिए प्रस्तावित मासिक किश्त की संख्या  
Number of monthly instalment in which the consolidated advance is proposed to be repaid : \_\_\_\_\_
13. अभिदाता की धन संबंधी परिस्थितियों का पूरा विवरण अस्थायी अग्रिम / आहरण के आवेदन का औचित्य  
Full particulars of the pecuniary circumstances of the subscriber, justifying the application for the temporary advance / withdrawal.

मैं प्रमाणित करता हूँ कि उपर्युक्त विवरण मेरी जानकारी एवं विश्वास के अनुसार सही एवं पूर्ण है तथा कोई भी जानकारी मेरे द्वारा छुपाई नहीं गई है।  
I hereby certify that the particulars given above are correct and complete to the best of my knowledge and behalf that nothing has been concealed by me.

दिनांक  
Dated : \_\_\_\_\_

अभिदाता के हस्ताक्षर  
Subscriber Signature : \_\_\_\_\_

पदनाम  
Designation : \_\_\_\_\_

विभाग / अनुभाग  
Deptt. / Section \_\_\_\_\_

विभाग / अनुभाग के प्रधान के मुहर सहित हस्ताक्षर  
Signature of head of the Deptt. / Section with stamp

वेतन बिल की श्रेणी  
Category of pay bill \_\_\_\_\_