

## ZP PF ACCOUNT INFORMATION FORM

Employee Code		Designation	
First Name (Full Surname )			
Middle Name			
Last Name			
Son of/ Daughter of/ Husband of/ etc.,		ZP PF Account No *	
First Name *			
Middle Name			
Last Name			
Emp. Gender (M/F)		Emp. Date of Birth (dd/mm/yyyy)	
Place of Birth		Marital Status (Married / Unmarried)	
Nationality			
Religion		Caste (OC/ BC-ABCD/ SC/ST/ etc.,)	
Sub-Caste		Location (District/ Mandal / Panchayat)	
Mandal		Panchayat	
Mother Tongue		Blood Group	
APPSC Zone		Income Tax Permanent Account No (PAN)	
Ref No		Date of orders (dd/mm/yyyy)	
Height (in Cm)		Height(in Inches)	
Identification Mark1			
Identification Mark2			
Place of Working *			
Bank Account No		Bank Name (Only SBI)	
Branch Location (Place)			
Emp. Mobile No.			

1. All employees are requested to submit the photographs of Self and Nominee along with this form.
2. Nominee Details may be verified with the records available in the Zilla Praja Parishad, Nellore

\* SUBSCRIBER & NOMINEE PHOTOGRAPHS  
Submit along with this form

## FORM OF NOMINATION

1. When the subscriber has a family and wishes to nominate one member thereof.

2. I here by nominate the person mentioned below, who is a member of my family as defined in Rule 2 of the Contributory Provident Fund Rules (Andhra Pradesh) to receive the amount that may stand to my credit in the Fund, 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	Relationship with the subscriber	Age	Contingencies on the happening of which the nomination shall become invalid	Name, Address and relationship of the person, if any, to whom the right of the nominee shall pass the event of his predeceasing the subscriber.
1	2	3	4	5

Dated, this ..... day of ..... 19 ..... at .....

Signatures of two witnesses :

Signature of the Subscriber.