

Form - A

KERALA INSTITUTE OF HUMAN RESOURCES DEVELOPMENT FOR ELECTRONICS
EMPLOYEES CONTRIBUTORY PROVIDENT FUND

1. Name of subscriber :
2. Father's/Husband's name :
3. Date of birth :
4. General Educational Qualification :
5. Professional Qualification :
6. Name of the unit in which presently employed :
7. Designation of the subscriber :
8. Date of entry into service :
9. Pay now drawn & scale of pay :
10. Name & Account No. of existing Provident fund account, if any :

I,..... hereby declare that the above entries are correct to the best of my knowledge and that I accept the rules governing the Institute of Human Resources Development for Electronics Employees Contributory Provident Fund and I agree to abide by them in case I am admitted to the benefits of the fund.

Signature of subscriber

Nomination

In case of my admission to the fund and in the event of my death occurring while my account in the fund is open, I desire that the amount due to me from the fund, viz., the amount standing to my credit, in the Treasury Savings Banks including Employer's contribution due to me shall be paid:-

(a) If any widow(s) (husband) or and child(ren) survive(s) me to such one or more of them as are specified in Schedule-I below and in the manner shown against his or their names: and

(b) If neither a widow (husband) nor a child survives me to the person or persons specified in Schedule-II below and in the manner shown against his or their names,

The amount due to a nominee who is a minor at time of my death should be paid to the person whose name appears in column (5) of Schedule-I/II.

SCHEDULE-I

Manner of distribution in case there is a surviving widow(s)/husband or/and child(ren)

Name and address of the nominee(s)	Relationship with the subscriber	Whether major or minor if minor state age of minor	Amount or share of deposit	Name and address of the person to whom payment is to be made on behalf of the minor	Sex and percentage of person mentioned in col. (5)
1	2	3	4	5	6

SCHEDULE-II

Manner of distribution in case there is no surviving widow
(husband) or child

Name and address of the nominee(s)	Relationship with the subscriber if any	Whether major or minor If minor state age of minor	Amount or share of deposit	Name and address of the person to whom payment is to be made on behalf of the minor	Sex and percentage of person mentioned in col.(5)
1	2	3	4	5	6

Station: _____
Date : _____
Two witnesses: 1. _____
2. _____
Signature of Subscriber

Certificate to be given by the Head of the Institution

I hereby certify that the pay of the subscriber shown in column (9) of the above application is correct.

Station:
Date :

Head of the Institution