

**APPLICATION FOR ADMISSION TO THE CONTRIBUTORY PROVIDENT FUND
(TO BE SUBMITTED IN DUPLICATE, BRDB, BANGLADESH)**

Account number to be allowed by the Accounts Division	Name of applicant	Official Designation	Office of which attached	Whether post is regular or Whether applicant is on provision to a regular post/ad-hoc	Is casual or officealting service whether he is likely to become regulars	Rate of payment	Rate of subscription per PM as per GPF rules 10%	Whether Compulsory or optional	If subscribed to any other fund the name of such fund	Whether the applicant has a Family or not
1	2	3	4	5	6	7	8	9	10	11

Station

Signature of applicant

Signature of the head of office

Date :

Designation :

Office of the Memo No.

Date.

Return with account number allotted. This number should be quoted in all correspondence connected therewith. A nomination along with continging notice of cancellation in prescribed forms. Duly allowed in, may be sent as possible.

Signature Designation

Date

FORM "A"
See Rules -7-
Form of Nomination

(When the subscriber has a family and wishes to nominate one or more member of)

I hereby nominate the person nomination below he/she is a member of my family and defined in rules of the Bangladesh Rural Development Board (General provident Fund) rules, 1976 to receive the amount that may stand in credit in the fund in even of my death before that amount has become payable or having become payable has not been paid.

Name and address of Nominees	Relationship with Subscriber	Age	%
1	2	3	4

Dated: _____ Day of _____

Two Witnesses to

Signature of the Subscriber

1) Name :.....

Designation:.....

Address :.....

2) Name :.....

Designation:.....

Address :.....

FORM ‘ F ‘
FORM OF AGREEMENT
(See Rules -19)

I do here by declared that I have read the Bangladesh Rural Development Board employees (General provident Fund rules’ 1976 and that. I agree to abide by and by fund them).

Date. Day of

At :.....

Name of full :.....

Age :.....

Date of joining :.....

Nature of appointment :.....

Basic pay :.....

Station :.....

Dated :.....

Witness :

1) Name :..... Signature.

Address :.....

Occupation :.....

2) Name :.....

Address :.....

Occupation :..... Signature.